

### Sole Practitioner – Request to Change Identity Provider (iDP) for Access to ClinicalConnect

I request that the HITS eHealth Office change my organization’s Identity Provider (iDP) identified in Part 5 of the Participation Agreement, as follows:

From iDP:

HAMILTON HEALTH SCIENCES

To iDP:

ONE® ID

Effective: \_\_\_\_\_ (mm/dd/yyyy)

**Legal Organization Name:** \_\_\_\_\_

*(Name used to apply for ClinicalConnect in your Participation Agreement. For ex. Dr. First Name Last Name or First Name Last Name Medicine Professional Corporation.)*

**Full Name of Organization’s Legal Signing Authority:** \_\_\_\_\_

**CPSO Number:** \_\_\_\_\_

**Physician’s ONE ID Username:** \_\_\_\_\_

*(ex. FIRSTNAME.LASTNAME@ONEID.ON.CA)*

**Legal Signing Authority’s Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**Staff Accounts:**

The HITS eHealth Office will transition the Sole Practitioner’s existing ClinicalConnect account, as well as any accounts already provisioned by the Sole Practitioner under their authority. *Any new staff accounts, on an ongoing basis, must be provisioned by the Sole Practitioner using the Access Governance System as described in the initial eLearning Orientation you completed.*

**For staff with existing ClinicalConnect accounts**, please provide the following information to authorize the HITS eHealth Office to transition those accounts to ONE ID. If you have more than five staff with ClinicalConnect accounts today, please provide the same information to [agreements@clinicalconnect.ca](mailto:agreements@clinicalconnect.ca). If you’ve not provisioned accounts for staff, please leave blank.

First and Last Name	Existing ClinicalConnect Username	ONE ID Username <i>(ex. FIRSTNAME.LASTNAME@ONEID.ON.CA)</i>

Return completed form to: HITS eHealth Office at Hamilton Health Sciences by email to [agreements@clinicalconnect.ca](mailto:agreements@clinicalconnect.ca) or fax to 905-577-8260.