

**Request to Change Identity Provider (iDP) for Access to ClinicalConnect**

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

From iDP:

To iDP:

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

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

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

**Signing Authority's Signature:** \_\_\_\_\_

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

*If selecting either ONE® ID or your own organization as an eHealth Ontario Federated Identity Provider, please provide the following:*

**Name of Primary ONE® ID LRA:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Return completed form to:

HITS eHealth Office at Hamilton Health Sciences

Scan and email to: [agreements@clinicalconnect.ca](mailto:agreements@clinicalconnect.ca)

Fax: 905-577-8260

Mail: 293 Wellington Street North, Suite 108, Hamilton, ON, L8L 8E7