

Tip Sheet for Organizations Completing the ClinicalConnect Participation Agreement

Completion Instructions: Please review this document for tips on how to complete the Participation Agreement for Organizations. If you have further questions, please contact the HITS eHealth Office Change Management Team at info@clinicalconnect.ca for assistance.

This online form is supported with the following minimum system requirements when using the following Internet Browsers:	
Microsoft Edge	Latest Version
Mozilla FireFox	Latest Version
Google Chrome	Latest Version
Apple Safari (Mac OS only)	6.2 or above
Mobile Signing minimum system requirements:	
Apple	iOS 7.0 or above
Android	4.0 or above

STEP 1: Legal Signing Authority's Name & Email

Enter your full name and email address.

Participation Agreement Signing Authority's Information

Instructions

Please enter your name and email to begin the signing process.

ClinicalConnect Participation Legal Signing Authority

Your Name: *


Your Email: *

BEGIN SIGNING

TIP: This agreement must be completed by the Legal Signing Authority – i.e. the individual in your organization who has the authority to bind themselves, or the organization they represent, to the [Terms & Conditions](#) to participate in ClinicalConnect.

STEP 2: Email Access Code

You will receive an email with an access code.



ClinicalConnect™

Signing validation code: **721bf8f9**

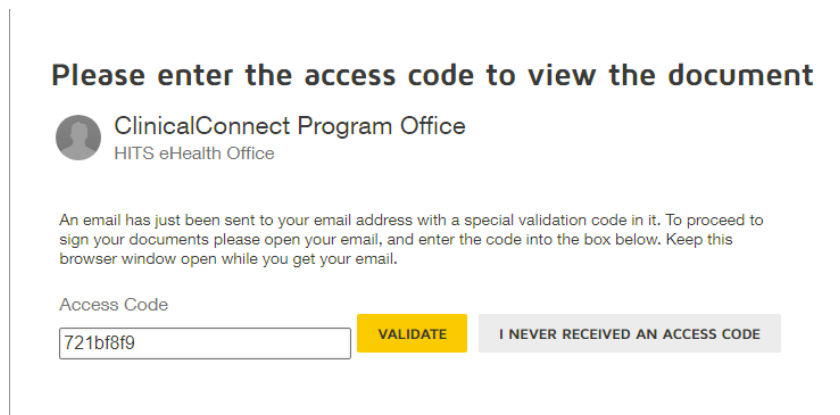
RESUME SIGNING

Copy and enter the validation code into the access page to continue signing the ClinicalConnect Participation Agreement.


If you did not start signing ClinicalConnect Participation Agreement, please contact the ClinicalConnect Program Office.

Powered by  **docuSign**

Enter the access code from the email into the Access Code field (to validate your intention to begin completing and signing the Participation Agreement) and click **VALIDATE**.



Please enter the access code to view the document

 **ClinicalConnect Program Office**
HITS eHealth Office

An email has just been sent to your email address with a special validation code in it. To proceed to sign your documents please open your email, and enter the code into the box below. Keep this browser window open while you get your email.

Access Code

VALIDATE **I NEVER RECEIVED AN ACCESS CODE**

Now you're ready to start completing the Participation Agreement to apply to use ClinicalConnect as a Participant Organization.

STEP 3: Completing ClinicalConnect Participation Agreement Part 1: Participant Details

Upon reading the Electronic Record and Signature Disclosure, click the checkbox to agree to use the electronic records and signatures, and click **CONTINUE**.



Please Review & Act on These Documents

 **ClinicalConnect Program Office**
HITS eHealth Office

Your email has been successfully validated.

 Please read the [Electronic Record and Signature Disclosure](#).

I agree to use electronic records and signatures.

CONTINUE **OTHER ACTIONS**

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Complete the form with details of your organization.

ClinicalConnect Participation Agreement

Version 4.1 (August 2021)

Form Completion Instructions: Please read the requirements outlined in this form carefully.

By completing this form, you are entering into a legal agreement between the legal entity named in Part 1 below (the “Participant”) and Hamilton Health Sciences Corporation (“HHS”).

Please be advised some entries into this Participation Agreement may be used by Ontario Health to populate requisite agreements with your legal entity to facilitate its access to data from provincial repositories if/as it is approved as a Participant in ClinicalConnect.

If you have any questions about the information you’re being asked to provide, please contact the ClinicalConnect Program Office by email at info@clinicalconnect.ca, or by phone at 905-577-8270 ext. 1.

Part 1: Participant Details

The Participant is a legal entity that is a health information custodian (“HIC”) providing health care services through the site(s)/program(s)/service(s) it operates in the Ontario Health West Region, to be listed in Part 2 of this Agreement.

Legal Entity Name	12345 Ontario Inc./ABC Professional Corporation
Primary Business Address	1234 Main Street
Suite/Unit/Floor	
City/Town	Hamilton
Postal Code (e.g. K1A0B1)	K1A0B1
Business Telephone (e.g. 1234567890)	1234567890
Business Fax (e.g. 1234567890)	1234567890

TIP: “Legal Entity Name” refers to your organization’s corporate name (i.e.12345 Ontario Inc. or ABC Professional Corporation).

Health Information Custodian (HIC)

Is the legal entity identified in Part 1 above a health information custodian (HIC) within the meaning of the *Personal Health Information Protection Act, 2004* (PHIPA)?

TIP: A **Health Information Custodian (HIC)** is a person or organization who has custody or control of Personal Health Information (PHI), as a result of their power, duties, or work.

Legal Entity Type

Legal Entity Type (select the appropriate classification):

If Legal Entity Type is Other, or Created Under Statute, please explain:

TIP: If you are unsure which option applies to your Legal Entity, refer to your incorporation documentation if applicable.

Part 2: Primary Site or Program/Service Being Applied For

Location/Office Name #1	ABC Hamilton
Program/Service Name (if applicable)	
HIC Type	-- select --
Street Address	1234 Main Street
City	Hamilton
Postal Code (e.g. K1A0B1)	K1A0B1
Phone (e.g. 1234567890)	1234567890
LHIN the site/program is located in	Hamilton Niagara Haldimand Brant - LHIN 4
HIC Type	<ul style="list-style-type: none"> Long-Term Care Home (under Long-Term Care Homes Act) -- select -- Ambulance Service (under Ambulance Services Act) Centre, Program or Service for Community or Mental Health (as defined in PHIPA) Group Practice (representing two or more health care providers, as defined in PHIPA) Home for Special Care (under Home for Special Care Act) Private Hospital (under Private Hospitals Act) Public Hospital (under Public Hospitals Act) Psychiatric Hospital (under Mental Health Act) Independent Health Facility (under Independent Health Facilities Act) Laboratory (under Laboratory Specimens Collection Act) Long-Term Care Home (under Long-Term Care Homes Act) Pharmacy (under Drug & Pharmacies Regulation Act) Public Health Unit (under Health Promotion and Protection Act) Retirement Home (under Retirement Homes Act) Service Provider (under Home Care & Community Services Act)
Location/Office Name #2	

TIPS:

- **Location/Office Name #1:** should be the usual/common name applied to the site where health care is provided (e.g. *ABC Pharmacy, XYZ Health Clinic*).
 - For pharmacies, the store name must match the location name registered with the Ontario College of Pharmacists (OCP). If you are unsure, please refer to <https://www.ocpinfo.com/>.
- **HIC Type:** refers to which type of Health Information Custodian your organization operates/is registered as.
- **Street Address:** refers to the location/office address.
- **LHIN:** refers to the Local Health Integration Network (LHIN) in which your office(s) is located. If you don't know which LHIN your office(s) is in, visit:

<https://healthcareathome.ca/find-my-hccss/>.

- **Location/Office Name #2-5:** if you have more than one location/office in where you provide care to patients, please enter the location/office's information for a *maximum of five locations*. If you have more than five sites, please submit these sites' information via email to agreements@clinicalconnect.ca.

Part 3: Provider of ClinicalConnect User Accounts (Identity Provider)

Select which type of credentials will be used to access ClinicalConnect upon approval of your organization as a Participant. **Please note:** ONE ID is currently the requisite Identity Provider if you wish to gain access to data from provincial repositories using ClinicalConnect.

ONE ID (with ONE ID credentials provided by Ontario Health) ▼

TIP: Most organizations will select ONE ID as their Identity Provider.

Part 4: Legal Signing Authority Details

The Legal Signing Authority is an individual who is authorized to bind the Participant in an agreement with HHS; and in the case of a Group Practice HIC type, has authority to bind the Participant, including all its health information custodians and other users of the Group Practice.

First Name	John
Last Name	Doe
Job Title	Owner/Manager/Director etc.
Street Address	1234 Main Street
Suite/Unit/Floor	
City/Town	Hamilton
Postal Code (e.g. K1A0B1)	K1A0B1
Business Telephone (e.g. 1234567890)	1234567890
Business Telephone Extension	
Business Fax (e.g. 1234567890)	1234567890
Business Email Address	johndoe@email.com
ONE ID username, if already provisioned	john.doe@oneid.on.ca

TIPS:

- **For pharmacies,** the LSA must be a listed Director registered with the Ontario College of Pharmacists. If you are unsure, please refer to <http://www.ocpinfo.com/>.
- You must provide your ONE ID username (i.e. firstname.lastname@oneid.on.ca). If you are not sure, please refer to this link: <https://www.ehealthontario.on.ca/for-healthcare-professionals/one-id>.
- Each unique individual that is designated to fill the required roles must have a unique email address (i.e., two people cannot share an email address).

Part 5: Privacy Contact Details

The Privacy Contact (as required under the *Personal Health Information Protection Act, 2004*) is responsible for privacy-related matters for the legal entity.

First Name	John
Last Name	Doe
Job Title	Owner/Manager/Director etc.
Street Address	1234 Main Street
Suite/Unit/Floor	
City/Town	Hamilton
Postal Code (e.g. K1A0B1)	K1A0B1
Business Telephone (e.g. 1234567890)	1234567890
Business Telephone Extension	
Business Fax (e.g. 1234567890)	1234567890
Business Email Address	johndoe@email.com
ONE ID username, if already provisioned	john.doe@oneid.on.ca

TIP: The **Privacy Contact** can be the same as the LSA or any person to whom the LSA designates as responsible for privacy matters within your organization.

Part 6: Information Security Contact Details


The Information Security Contact is responsible for information security-related matters for the legal entity.

First Name	John
Last Name	Doe
Job Title	Owner/Manager/Director etc.
Street Address	1234 Main Street
Suite/Unit/Floor	
City/Town	Hamilton
Postal Code (e.g. K1A0B1)	K1A0B1
Business Telephone (e.g. 1234567890)	1234567890
Business Telephone Extension	
Business Fax (e.g. 1234567890)	1234567890
Business Email Address	johndoe@email.com
ONE ID username, if already provisioned	john.doe@oneid.on.ca

Agreement:

I am the individual identified in Part 4 above and warrant that I have authority to bind the Participant identified in Part 1 above with respect to the site(s) and program(s)/service(s) identified in Part 2 above. By signing this form, I agree, on behalf of Participant, to the ClinicalConnect Terms and Conditions set out at <http://info.clinicalconnect.ca/CC/healthcare/becoming-a-participant>.

I also confirm that HHS may take day-to-day instruction with respect to the Participant's ongoing participation in ClinicalConnect from the Privacy Contact identified in Part 5 above, as may be changed by me or a subsequent Legal Signing Authority of the Participant from time to time upon written notice to HHS.

Legal Signing Authority Full Name	<div style="border: 1px solid black; padding: 2px; text-align: center;"> <small>Sign</small>  </div>
Date	May 13, 2024 11:31:00 EDT

TIP: Click the ‘**Sign**’ button to add your signature as the Legal Signing Authority, who is binding yourself to the *Terms & Conditions* and enter the date.

Click “FINISH” once all fields are complete – this action will automatically submit your Participation Agreement to the ClinicalConnect Program Office for processing. You will then be presented with the option to download a copy of your completed Participation Agreement, noting that a copy of the completed Participation Agreement will also be emailed to you.

Once your Participation Agreement has been reviewed by the ClinicalConnect Program Office, you'll receive an email indicating if your Agreement has been accepted to advance in the application process, including next steps as required. The HITS eHealth Office's Change Management Team will be in touch at that time to provide support with the application requirements that follow.