

Tip Sheet for Physicians Completing the ClinicalConnect Participation Agreement

Completion Instructions: Please review this document for tips on how to complete the Participation Agreement for Sole Practitioners (Physicians). If you have further questions, please contact access@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
Internet Explorer (Windows only)	11
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

1. Legal Signing Authority's Name & Email

Enter your full name and email address.

Participation Agreement Signing Authority's Information

The Participation Agreement Signatory is an individual who is authorized to bind your organization in an agreement with Hamilton Health Sciences Corporation ("HHS").

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

Your Role:

Sole Practitioner Agreement Signatory *

Your Name:


Dr. John Doe


Your Email:

johndoe@gmail.com

2. Email Access Code

You will receive an email with an access code.





Signing validation code: d04e77e0

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 Sole Practitioner - ClinicalConnect Participation Agreement, please contact the ClinicalConnect Program Office.

Powered by **DocuSign**

Enter the access code from the email to validate your intention to begin completing and signing the Participation Agreement.

Please enter the access code to view the document



ClinicalConnect Program Office
Hamilton Health Sciences

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
d04e77e0

I NEVER RECEIVED AN ACCESS CODE

Now you're ready to start completing the Participation Agreement to apply to use ClinicalConnect as a Sole (Physician) Practitioner.

Part 1: Participant Details

ClinicalConnect Participation Agreement

Version 5.1 (August 2021)

Form Completion Instructions: Please complete all fields as specified.

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 (Name of Sole Practitioner's Medicine Professional Corporation, or Sole Practitioner's Legal Name if no MPC in place)	Dr. John Doe
Primary Business Address	123 Street Name
Suite/Unit/Floor	
City/Town	Town Name
Postal Code (e.g. K1A0B1)	H0H0H0
Business Telephone (e.g. 1234567890)	999999999
Business Fax (e.g. 1234567890)	111111111
CPSO #	12345

Tips:

- Physicians should input their Medicine Professional Corporation as their “Legal Entity Name”, or their own Legal Name if an MPC is not in place.
 - Example - *Dr. John Doe Medicine Professional Corporation, or Dr. John Doe.*
 - If you are incorporated as a Professional Corporation but require any additional information about your Professional Corporation name, check the CPSO’s website: <http://www.cpso.on.ca/public-register/all-doctors-search>.
- “Primary Business Address” refers to the Sole Practitioner’s Practice Office Address.

Health Information Custodian (HIC) Status

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)?

- What is a Health Information Custodian (HIC)? A HIC includes:
 - **Health care practitioners** or a **group practice** of health care practitioners. The term “health care practitioner” includes the following persons when they are providing health care:
 - a member of a regulated health profession under the *Regulated Health Professions Act, 1991* (e.g. a physician, dentist or nurse);
 - a registered drugless practitioner under the *Drugless Practitioners Act* (e.g. a naturopath);
 - member of the Ontario College of Social Workers and Social Service Workers;
 - any other person whose *primary* function is to provide health care for payment. Example - an acupuncturist psychotherapy.

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

- Please provide required information about the site and/or program/service owned and/or operated by the legal entity identified in Part 1 for which you are seeking approval to access ClinicalConnect
 - “Location/Office Name” should be the usual/common name applied to the site where health care is provided (e.g. Dr. ABC Office, or XYZ Medical Centre)
- Normally, only sites or programs operating in LHINs 1-4 (Ontario Health West Region) qualify for access to ClinicalConnect.
- If you have more than one practice/site that you would like access to ClinicalConnect for, you will be able to provide details about these site(s) after you are approved as a Sole Practitioner Participant in ClinicalConnect.

Location/Office Name :	Dr. John Doe
Program/Service Name (<i>if applicable</i>):	
HIC Type:	Sole Practitioner (individual physician) ▼
Street Address:	1234 Main St.
City:	Hamilton
Postal Code (e.g. K1A0B1):	K1A 0B1
Phone (e.g. 1234567890):	12345678
LHIN the office is located in	Hamilton Niagara Haldimand Brant - LHIN 4 ▼
HIC Status	<input checked="" type="checkbox"/> I am the Health Information Custodian under PHIPA and maintain responsibility for the protection and management of all health records I create while working at this site. <input type="checkbox"/> I am an Agent under PHIPA and another legal entity is responsible for the protection and management of all health records I create while working at this site.

Tips:

- **“Location/Office Name”** should be the usual/common name applied to the site where health care is provided (*e.g. Dr. ABC Office, or XYZ Family Health Team*)
- **“Program/Service Name (*if applicable*)”** should be completed if the location/office offers a specific program/service. Example – *Sexual Health Clinic*.
- **“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: www.lhins.on.ca.
- **“HIC Status”** refers to you identifying yourself as the Health Information Custodian under PHIPA for the health records of patients you provide healthcare to at the site you’ve listed, or identifying yourself as the Agent for the health records of patients you provide healthcare to at that site (and another legal entity is the HIC, responsible for the protection and management of those records).
- If you have more than one practice/site that you would like access to ClinicalConnect for, you will be able to provide details about these site(s) after you are approved as a Sole Practitioner Participant in ClinicalConnect.
- If your access to ClinicalConnect is currently provided through a hospital or other Participant Organization because you remain their Agent, **do not enter that organization’s information here.**

Part 3: Legal Signing Authority Details

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The Legal Signing Authority is an individual who is authorized to bind your legal entity in an agreement with Hamilton Health Sciences Corporation (“HHS”).

First Name	John
Last Name	Doe
Job Title	Physician
Street Address	1234 Main St.
Suite/Unit/Floor	
City/Town	Hamilton
Postal Code (e.g. K1A0B1)	K1A 0B1
Business Telephone (e.g. 1234567890)	12345678
Business Telephone Extension	
Business Fax (e.g. 1234567890)	12345678
Business Email Address	johndoe@gmail.com

Tip:

- **“Legal Signing Authority”** refers to you, as the Sole Practitioner, to bind yourself to the Terms & Conditions to participate in ClinicalConnect.

Part 4: Privacy Contact Details

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The Privacy Contact (as required under PHIPA) is responsible for privacy-related matters for the legal entity.

First Name	Mary
Last Name	Doe
Job Title	Administrative Assistant
Street Address	1234 Main St.
Suite/Unit/Floor	
City/Town	Hamilton
Postal Code (e.g. K1A0B1)	K1A 0B1
Business Telephone (e.g. 1234567890)	12345678
Business Telephone Extension	
Business Fax (e.g. 1234567890)	12345678
Business Email Address	drjohndoeoffice@gmail.com

Tip:

- “**Privacy Contact**” can be yourself, as the Legal Signing Authority, or any person to whom **you** designate as responsible for privacy matters within your medical office(s). **Do not identify your credentialing hospital’s Privacy Officer** as they are not responsible for privacy matters within your private practice(s).

Part 5: Provider of ClinicalConnect User Accounts (Identity Provider)
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The Participant will obtain Identity Provider services from:

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

Important: You must provide the **ONE ID username of the Sole Practitioner (physician)** as listed in **Part 1: Participant Organization Details** above. ONE ID usernames generally follow this format: firstname.lastname@oneid.on.ca. Your ONE ID credential must have been verified as Assurance Level 2 in order to use it to access ClinicalConnect and other digital health tools.

firstname.lastname@oneid.on.ca

Tips:

- You must provide your **ONE ID username (i.e. firstname.lastname@oneid.on.ca)**.
- What is ONE ID? If you are not sure, please refer to this link: <https://www.ehealthontario.on.ca/for-healthcare-professionals/one-id>

Part 6: Request To Be Able To Create ClinicalConnect Accounts for Physician’s Staff

This section allows the physician to indicate if they wish to be able to provision ClinicalConnect access to their private practice office staff once approved as a Participant in ClinicalConnect. Choose which option you prefer.

Part 6: Request To Be Able To Create ClinicalConnect Accounts for Physician’s Staff

The physician would like to be able to provision ClinicalConnect access to their private practice office staff once approved as a Participant in ClinicalConnect.

By selecting Yes, the physician will be provided instructions on how to access and use an ancillary, web-based system to create ClinicalConnect accounts for their private practice staff so they can assist in the delivery of healthcare to the physician’s patients.

By selecting No, the physician will not be able to provision ClinicalConnect accounts for their private practice staff.

Note: this selection can be updated in the future by the approved Sole Practitioner (physician) emailing support@clinicalconnect.ca, and instructions referred to above will be provided to the physician at that time.

Yes, I have staff who will require a ClinicalConnect account.	<input type="radio"/>
No, I do not have staff who require access to ClinicalConnect.	<input type="radio"/>

Agreement:
Agreement:

I am the individual identified in Part 3 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

<https://info.clinicalconnect.ca/CC/healthcare/becoming-physician-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 4 above, as may be changed by me, the Legal Signing Authority, from time to time upon written notice to HHS.

Where an individual is agreeing to this Participation Agreement as the Legal Signing Authority of a physician practice (whether as a Sole Practitioner, partnership or corporation), then such individual acknowledges the requirement to act as the Participant's ClinicalConnect Local Registration Authority and Information Security Contact, and that the associated tasks may not be delegated.

Legal Signing Authority Full Name	<div style="background-color: #f9c94d; padding: 2px; display: inline-block;"> Sign ↓ </div>
Date	August 13, 2021 15:53:33 BST

Tip:

- Click the 'Sign' button to add your signature as the Legal Signing Authority, binding yourself to the Terms & Conditions.

Click "Finish" once all fields are complete. 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.

Your Participation Agreement will then be reviewed by the ClinicalConnect Program Office, and you'll receive an email indicating if your Agreement has been accepted to advance in the application process, including next steps as required.