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	
Primary Business Address	
Suite/Unit/Floor	
City/Town	
Postal Code (e.g. K1A0B1)	
Business Telephone (e.g. 1234567890)	
Business Fax (e.g. 1234567890)	

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

Legal Entity Type (select the appropriate classification):

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

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Part 2: Site(s) or Program(s)/Service(s) Seeking Approval to Access ClinicalConnect

- Please provide required information about each 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. ABC Pharmacy, or XYZ Family Health Team)
    - If you have more than a total of five sites, you must email the same details about each additional site to info@clinicalconnect.ca which will be added to your application.
- Normally, only sites or programs operating in LHINs 1-4 (Ontario Health West Region) qualify for access to ClinicalConnect.

Location/Office Name #1	
Program/Service Name (*if applicable*)	
HIC Type	
Street Address	
City	
Postal Code (e.g. K1A0B1)	
Phone (e.g. 1234567890)	
LHIN the site/program is located in	

Location/Office Name #2	
Program/Service Name (if applicable)	
HIC Type	
Street Address	
City	
Postal Code (e.g. K1A0B1)	
Phone (e.g. 1234567890)	
LHIN the site/program is located in	

Location/Office Name #3	
Program/Service Name (if applicable)	
HIC Type	
Street Address	

City	
Postal Code (e.g. K1A0B1)	
Phone (e.g. 1234567890)	
LHIN the site/program is located in	

Location/Office Name #4	
Program/Service Name (if applicable)	
HIC Type	
Street Address	
City	
Postal Code (e.g. K1A0B1)	
Phone (e.g. 1234567890)	
LHIN the site/program is located in	

Location/Office Name #5	
Program/Service Name (if applicable)	
HIC Type	
Street Address	
City	
Postal Code (e.g. K1A0B1)	
Phone (e.g. 1234567890)	
LHIN the site/program is located in	

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.

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	
Last Name	
Job Title	
Street Address	
Suite/Unit/Floor	
City/Town	
Postal Code (e.g. K1A0B1)	
Business Telephone (e.g. 1234567890)	
Business Telephone Extension	
Business Fax (e.g. 1234567890)	
Business Email Address	
ONE ID username, if already provisioned	

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	
Last Name	
Job Title	
Street Address	
Suite/Unit/Floor	
City/Town	
Postal Code (e.g. K1A0B1)	
Business Telephone (e.g. 1234567890)	
Business Telephone Extension	
Business Fax (e.g. 1234567890)	

Business Email Address	
ONE ID username, if already provisioned	

Part 6: Information Security Contact Details

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

First Name	
Last Name	
Job Title	
Street Address	
Suite/Unit/Floor	
City/Town	
Postal Code (e.g. K1A0B1)	
Business Telephone (e.g. 1234567890)	
Business Telephone Extension	
Business Fax (e.g. 1234567890)	
Business Email Address	
ONE ID username, if already provisioned	

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	
Date	