

## Tip Sheet for Physicians and Nurse Practitioners Completing the ClinicalConnect Participation Agreement

**Completion Instructions:** Please review this document for tips on how to complete the Participation Agreement for Sole Practitioners. If you have further questions, please contact [access@clinicalconnect.ca](mailto:access@clinicalconnect.ca) for assistance.

### 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.

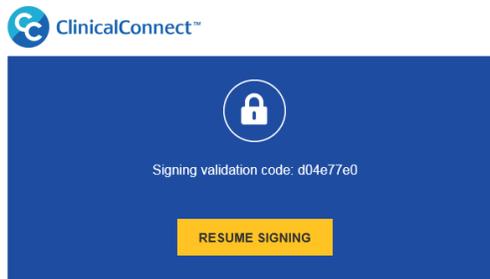
Your Role:  
**Sole Practitioner Agreement Signatory \***

Your Name:

Your Email:

### 2. Email Access Code

You will receive an email with an access code.



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**

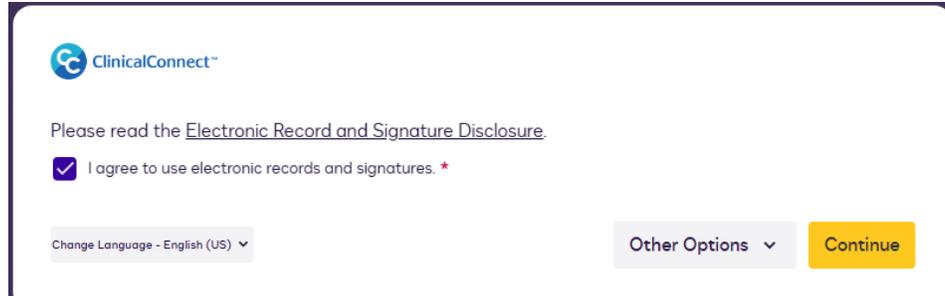
 **ClinicalConnect Program Office**  
Hamilton Health Sciences

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

VALIDATE I NEVER RECEIVED AN ACCESS CODE

You will be prompted to agree to use electronic records and signatures, per below:



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

## Part 1: Participant Details

### ClinicalConnect Participation Agreement

Version 6.0 (January 2026)

**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](mailto: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 Health Professional Corporation, or Sole Practitioner's Legal Name if no MPC/HPC exists)	Dr. John Doe Medicine Professional Corporation
Primary Business Address	123 Any Street
Suite/Unit/Floor	
City/Town	Anytown
Postal Code (e.g. K1A0B1)	H0H 0H0
Business Telephone (e.g. 1234567890)	1111111111
Business Fax (e.g. 1234567890)	
CPSO or CNO #	123123

**Tips:**

- Physicians should input their Medicine Professional Corporation, and Nurse Practitioners should enter their Health Professional Corporation as their “Legal Entity Name”, or their own Legal Name if an MPC/HPC 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> or CNO’s website: <https://registry.cno.org/>.
- “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 Ontario Health West Region (formerly known as LHINs 1-4) 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. Doe's Office
Program/Service Name (if applicable)	
HIC Type	Sole Practitioner (individual Physician or Nurse Practitioner) ▼
Street Address	123 Any Street
City	Anytown
Postal Code (e.g. K1A0B1)	H0H 0H0
Phone (e.g. 1234567890)	1111111111
LHIN the office is located in	-- select -- ▼
HIC Status	<input type="radio"/> 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="radio"/> 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)
- **"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](http://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 you already have access to ClinicalConnect under authority of another organization (such as a hospital) because you also provide healthcare to patients as their Agent, do not enter that “site” information in your own Participation Agreement unless you operate a private practice within that site, where you personally are the HIC of your patients’ health records.

### Part 3: Legal Signing Authority Details

#### Part 3: Legal Signing Authority Details

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	123 Any Street
Suite/Unit/Floor	
City/Town	Anytown
Postal Code (e.g. K1A0B1)	H0H 0H0
Business Telephone (e.g. 1234567890)	1111111111
Business Telephone Extension	
Business Fax (e.g. 1234567890)	
Business Email Address	johndoexx@123mail.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

##### Part 4: Privacy Contact Details

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

First Name	John
Last Name	Doe
Job Title	Physician
Street Address	123 Any Street
Suite/Unit/Floor	
City/Town	Anytown
Postal Code (e.g. K1A0B1)	H0H 0H0
Business Telephone (e.g. 1234567890)	1111111111
Business Telephone Extension	
Business Fax (e.g. 1234567890)	
Business Email Address	johndoexx@123mail.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**, if applicable to you, as they are not responsible for privacy matters within your private practice(s).

#### Part 5: Provider of ClinicalConnect User Accounts (Identity Provider)

##### Part 5: Provider of ClinicalConnect User Accounts (Identity Provider)

The Participant will obtain Identity Provider services from:

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

**Important: You must provide the ONE ID username of the Sole Practitioner (physician or nurse practitioner) as listed in Part 1: Participant 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 Sole Practitioner's Staff

This section allows the physician/NP 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 Sole Practitioner's Staff

The physician or nurse practitioner applicant 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 Applicant 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 health care to the Applicant's patients.
- By selecting No, the Applicant 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 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-solepractitioner-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 an independent 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	
Date	January 5, 2026   15:37:34 EST

**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.**