MBTelehealth® A Shared Health Service

Scheduling System Access Form

MBTelehealth Scheduler
Fax: 1-204-975-7787
Phone: 1-204-940-8500 Option 4, Option 2
Toll-free: 1-866-999-9698 Option 4, Option 2

*** BOLDED FIELDS ARE REQUIRED ***

USER INFORMATION

First Name | Initial | **Last Name**

Role | **Department/Program/Clinic**

Site Access Required (if list is lengthy - attach separate sheet)

Phone # | Fax #

Regional Email Address | Name of Regional Digital Solutions Facilitator

MANAGER/DIRECT SUPERVISOR INFORMATION

First Name | Initial | **Last Name**

Role | **Phone #** | Fax #

Email Address

SITE/SELF SCHEDULER ACCESS REQUIRED (check all that apply)

Site Access
(ability to search, review, edit all scheduled events at a site)
- ☐ Clinical access
- ☐ Non-clinical access

Self-Scheduler
(ability to create events within scheduling system)
- ☐ Clinical access
- ☐ Non-clinical access

EVENT NOTIFICATIONS REQUIRED (not applicable for eConsult access)

- ○ **No notification required** *No email notifications will be received - user will log into scheduling system regularly to review all activity (additions, changes, cancellations)*
- ○ **Site specific notification** *Email notifications will be received for all site activity (all rooms and equipment) including additions, changes, and cancellations. List all sites required:*
- ○ **Room specific notifications** *Email notifications will be received for all activity in specified room(s) only. List all rooms required:*

ECONSULT (STORE AND FORWARD) (secure electronic consultations)

- ○ Referring Clinician
  - ☐ Login access required *(if user will be logging into system)*
- ○ Specialist *Billing fax #*
- ○ User Alias (eConsult support staff)

List eConsult Referring Providers:

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CONDITION OF USE AGREEMENT - MBT SCHEDULING SYSTEM

The MBTelehealth (MBT) scheduling system stores patient demographic and provider information in the MBT scheduling server, using security measures that protect the integrity and privacy of personal health information during all aspects of its use, processing, disclosure, transmittal, transport, storage, retention and destruction.

1. I hereby agree to use the MBT scheduling system and agree to follow MBT Procedure 6.25.20.
2. I agree to arrange all events using MBT according to MBT scheduling processes.
3. I will only log on to the scheduling system from Canadian locations.
4. I understand that information regarding the details of scheduled events will be shared on a “need-to-know” basis and I will protect this information from unauthorized access.
5. When logged into the system I must log out before leaving my workstation for an extended period of time. An automatic shut off will occur after a 10 minute period of inactivity.
6. I will keep my password confidential and must change my password every 60 days.
7. I understand that if my application is approved, I will be fully responsible for the user-id assigned to me. I agree to comply with the present and future MBT policies and procedures. I have a legal and moral obligation to respect the confidential nature of medical, patient and administrative information. I understand that I am fully responsible for any and all actions performed with my user-id and that any misuse will result in withdrawal of my access privileges and other such action deemed necessary.

I HAVE READ AND UNDERSTAND THE POLICIES AND PROCEDURES MENTIONED IN THIS DOCUMENT

Note: This form will not be processed without signatures (electronic signatures are acceptable).

User Signature	Printed Name	Date

Manager/Supervisor Signature *	Printed Name	Date

*** It is the manager’s responsibility to notify the Digital Solutions Facilitator if the user no longer requires access to MBT Scheduling System (site access and eConsult).**

Fax completed form to: 204-975-7787

Print Form