

PART 1: SITE INFORMATION

Site name

Date of request (dd/mm/yyyy)

Site Address

Unit Street # Street name or post office box number Postal Code

City/Town Telephone number Fax number

Primary Contact information: person responsible for working with MBTelehealth during implementation

Last name First name

Job title/position

Email Daytime telephone number

Which MBT services are you interested in:

MBTelehealth

Secure, real-time, room-based videoconferencing between two or more locations. Used in Manitoba and surrounding jurisdictions to support health-care delivery.

MyMBT Messaging

Secure text messaging and image sharing from the user's computer or mobile device to facilitate care coordination between health-care providers.

eConsult

Enables health-care providers to ask questions and/or send digital images of some non-urgent health-related conditions to a specialist without the patient having to travel.

Zoom for Healthcare

Collaboration tool which allows for videoconferencing to a patient in their home; providing they have either a computer or a smartphone and an internet connection. Used when Teams does not meet requirements. There is a license cost for this service.

Virtual Visit Provider Portal

Connection Dialer

Secure, real-time videoconferencing from a computer anywhere high speed internet is available to support health-care delivery.

eVisit

Web based virtual visit platform which allows for videoconferencing to a patient in their home; providing they have either a computer or a smartphone and an internet connection.


Webinars

Broadcast style meeting platform used to deliver audio/video and content to a large group of participants (up to 1000). These are typically less interactive than web conferencing meetings. There is a per event charge for this service.

Note: There may be costs associated with these services.

 To request Microsoft Teams, fill in the [Shared Health Account & Access Request Form](#).

PART 2: eCONSULT INFORMATION

 Only complete Part 2 if you are an eConsult specialty provider.

Briefly describe the background of physician(s): specialty, practice location, MBTelehealth experience, etc...

Describe the specialty service you intend to provide using MBT eConsult:

PART 3: ADMINISTRATIVE

Is the site owned and operated by:

Manitoba RHA Indicate which RHA: _____
CancerCare Manitoba Diagnostic Services of Manitoba Federal
First Nations Fee For Service Provincial Other (describe): _____

Do you have funding for the associated equipment/licensing that may be required? Yes No

How would you describe your site:

Health centre Hospital Nursing station
Specialty clinic Long term care and rehab Primary care Other _____

PART 4: APPLICATION APPROVAL

All applications must be approved by the appropriate authority for the site prior to submission (e.g. CEO, Program Director, Clinic Owners). Please indicate the name and title of that person below:

Please print name: _____ Title: _____

Send completed form to:
MBTelehealth
772-715 McDermot Ave.
John Buhler Research Centre
Winnipeg MB R3E 3P4
Email: servicedesk@sharedhealthmb.ca
Fax: 1-204-975-7787

For more information:
Website: www.mbtelehealth.ca
Phone: 204-940-8500 Option 4, Option 1
(toll-free) 1-866-999-9698 Option 4, Option 1