Shared health Soins communs Manitoba

eConsult Access Form

eConsult is a secure web-based application that allows primary health-care providers to consult with specialists for advice, recommendations, and/or diagnosis about some non-urgent health-related conditions.

User Information

First Name

Last Name

Job title/position

Site Access Required

Preferred Email for Notifications

Shared Health or Regional User ID

Daytime telephone number

Regional Digital Solutions Facilitator

Manager/Direct Supervisor Information

First Name

Last name

Job title/position

Daytime telephone number

Email

eConsult Access

☐ Referring Clinician

☐ Login Access required (if user will be logging into system)

☐ Specialist CPSM#

☐ eConsult Support Staff (alias users)

List eConsult Referring Providers user will be supporting:

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Condition of Use Agreement

The system stores patient demographic and provider information necessary to support virtual care services, including scheduling and consultation activities. Information is stored and managed in secure environments, with safeguards in place to protect the confidentiality, integrity, and availability of personal health information during its collection, use, disclosure, transmission, storage, retention, and disposal.

1. I hereby agree to use eConsult and agree to follow MBT Procedure 6.25.20.
2. I will only log on to eConsult system from locations in North America.
3. I understand that information regarding the details of eConsult will be shared on a “need-to-know” basis and I will protect this information from unauthorized access.
4. 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 30 minute period of inactivity.
5. I will keep my password confidential.
6. 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.

BY ACCESSING THIS SYSTEM YOU AGREE TO THE CONDITIONS OF USE.

Send completed form to:
Email: servicedesk@sharedhealthmb.ca

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

PRINT FORM