Shared health Soins communs Manitoba

iScheduler Access Form

iScheduler is used for clinical consultations, follow-up appointments, case conferences, and patient education. It is used for clinical consultations, follow-up appointments, case conferences, and patient education.

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

Site/Self Scheduler Access Required (check all that apply)

Site Access (ability to search, review and 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

☐ No Notification Required

No email notifications will be recieved - user will log into the scheduling system regularly to review all activity (additions, changes, cancellations)

☐ Site Specific Notifications

Email notifications will be received for all site activity (all rooms and equipment) including additions, changes, and cancellations

☐ Room Specific Notifications

Email notifications will be received for all activity in specified room(s) only.

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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 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 location in North America.
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 30 minute period of inactivity.
6. I will keep my password confidential.
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.

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