

HPG User Access Authorization Form

Submit completed form to: HNHBITServiceDesk@hccontario.ca

Organization/Partner Name:	Start Date:
Organization/Partner Type:	
HPG Feature required:	
<input type="checkbox"/> Invoice	<input type="checkbox"/> Service Offers/Referrals
<input type="checkbox"/> Electronic Referral Management	<input type="checkbox"/> Client View (CHP)
<input type="checkbox"/> Coordinated Care Plan Access	<input type="checkbox"/> Send Document
Supervisor Name:	
Supervisor Phone:	
Supervisor Email:	

User Name (First Name, Last Name)	Authorize Access	Revoke Access	E-mail Address

eReferral e-mail for notifications:
Health Links HPG Outage Notification Distribution List Email:
CCP Notification Distribution List Email:

NOTE: HPG Education and Training requirements are the responsibility of the HPG user's organization when new users are added.