



## Site Contact Information Update Form eChart Manitoba

|   |   |                                      |   |
|---|---|--------------------------------------|---|
| <b>Authorized Sponsor</b>   |   | <b>Sponsor's Email Address</b>       |   |
| <b>eChart Facility Name</b>   |   |                                      |   |
| <b>Request Type</b>   | <b>Assign New</b>                                 | <b>Replace Existing</b>              | <b>Remove Existing</b>                      |
| <b>Existing Individual Information</b>  |   |                                      |   |
| <b>Name</b>   |   | <b>Email</b>                         | <b>Phone</b>                                |
| <b>eChart Site Contact Role(s)*</b><br><i>(Select all that apply)</i>   | All Roles Assigned Currently<br>Privacy Designate | Authorized Sponsor<br>Outage Contact | Authorized Account Requestor<br>IT Resource |
| <b>New Individual Information</b>   |   |                                      |   |
| <b>Name</b>   |   | <b>Email</b>                         | <b>Phone</b>                                |
| <b>eChart Site Contact Role(s)*</b><br><i>(Select all that apply)</i>   | All Roles Assigned Currently<br>Privacy Designate | Authorized Sponsor<br>Outage Contact | Authorized Account Requestor<br>IT Resource |
| Authorized Sponsor automatically receives monthly reports. Please indicate in the Notes/Comments section if you would like a copy of the reports sent to your Authorized Account Requestor or Privacy Designate.  |   |                                      |   |
| <b>Notes / Comments</b>   |   |                                      |   |
| <p><i>Please see the <a href="#">eChart Roles reference guide</a> that provides detailed responsibilities for some of the eChart site contact roles. If you are not aware of which roles the individual(s) is assigned at your site(s) please contact us through <a href="mailto:echart@sharedhealthmb.ca">echart@sharedhealthmb.ca</a>. Alternatively you can also review this information on the eChart Manitoba Site and User Management Report.</i></p> |   |                                      |   |
| <b>Do above individual(s) require access/changes to their eChart Manitoba account?</b>  |   |                                      |   |
| Please submit an <a href="#">eChart Manitoba Account and Access Request form</a> .  |   |                                      |   |
| <b>Authorization</b>  |   |                                      |   |
| Submitting this form will confirm that the above noted individual(s) has been authorized by the site Authorized Sponsor to fulfill the responsibilities of the assigned role(s) as outlined in the Roles Bulletin and includes communicating with eChart Manitoba and Manitoba eHealth for eChart related services.   |   |                                      |   |

**PLEASE SEND COMPLETED FORM TO THE SERVICE DESK AT [servicedesk@sharedhealthmb.ca](mailto:servicedesk@sharedhealthmb.ca)**

**IMPORTANT:** When submitting this form to the Service Desk you will receive a confirmation email with an incident number. Please retain this number and reference it when inquiring about your request.