

Please print clearly or type into fields below. PRINT the form, obtain authorizing SIGNATURE(S) and FAX both pages to the IMIS Service Desk @ 604-875-4584, or scan and email to IMIS Service Desk at: ServiceDesk@vch.ca.

1. Requestor Information

SM7 ref #: _____

First Name:	Last Name:	Middle Name:
Title:	Phone #:	Email Address:
Site:	Dept:	Location/Address:
User Type: <input type="checkbox"/> VCH/PHC Employee <input type="checkbox"/> Affiliated / Privileged Physician <input type="checkbox"/> Contractor <input type="checkbox"/> Other		
If Other, please explain:		
Employee ID:	MSP/Resident#:	CPSID:
Contractors only: Non VCH/PHC Email Address:		Contract Expiration:

2. Request Type

Select one only - please note there is a fee for some request types.

- New (\$125.52) Change/Extend Token Replacement (\$84.38) Suspend/Reactivate Delete Reassign

If you have a token, provide token #: (Applies to all request types except New)	Mandatory for Contactors, Vendors and Term Employees (Max 1 year) Term Expiration Date: YYYY / MM / DD
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3. Requested Applications, Resources

Reason for access Select one only

- VCH/PHC User External Physician / Clinician Vendor Support Project requirement Other

If Other, please explain:	OS version of connecting PC (E.g. XP, Vista):
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Requested Application / Resource

Please visit http://vchconnect.vch.ca/programs_services/imis_support/forms/page_53328.htm and click on the "Remote Access Applications" link to review available applications (If the application you want access to is not listed, it may not be set up for remote access use). Please list your required applications in the box below. **Note:** in order to access an application remotely, you must have access to that application. If do not have access to an application, please contact the IMIS Service Desk to initiate access.

1)	6)
2)	7)
3)	8)
4)	9)
5)	10)

4. Network Authentication

Remote access may require a user to have a valid VCH/PHC network account depending on the resource(s) requested. If you already have a network accounts, provide the login ID below. If you do not have a network account, please contact the Service Desk.

Vancouver Acute Users	Providence Health Care Users	Vancouver Community/Richmond Users
VCHI	INFOSYS\	VRHB\

5. VCH/PHC Contact/Coordinator

Contact for Contractors or Individual coordinating the request on the requestor's behalf.

Name:	Email:	Phone Number:
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6. VCH/PHC Department Manager Cost Centre Authorization

The authorizing manager must be an active employee of VCH or PHC and they must have signing authority for the cost centre or project ID given. VCH/PHC Directors, Medical Department Heads, and Executives can 'self approve'.

Cost Centre / Dept Code:	Site Code:
Billing Address (Non VCH/PHC Users):	
Project ID:	Project Name:
Manager's Full Name:	Contact #:
Manager Title:	Email:
Manager's Signature:	Date:

This Agreement must be executed to obtain network access via VPN. It is required for access by employees or contractors providing services to VCH/PHC, and will be permitted only where access is necessary for them to perform their duties as an employee or contractor and is in accordance with the *Freedom of Information and Protection of Privacy Act* (“Act”).

AGREEMENT BY TOKEN USER

Terms and Conditions of Access to Virtual Private Network (“VPN”)

I, the undersigned, have requested access via VPN to VCH/PHC systems and applications (“Systems”) as described in the Remote Access Request Form attached hereto. I hereby acknowledge and agree to comply with the following terms and conditions applicable to such access (“Agreement”):

1. I will not use the Remote Access VPN for mission critical workflow. External internet connections and external devices used to connect to VCH gateways are not always compatible or reliable.
2. My account will automatically be disabled if: (a) it is not activated within three months from the date the token is issued or (b) if the VPN account is not used for six months.
3. I may only access the Systems and information available on the Systems order to perform my duties as an employee or for performance of my obligations as a contractor to VCH/PHC. I understand that approval from VCH/PHC must be obtained for any other use of the information and Systems;
4. I understand that access to the Systems may include access to “personal information” as defined by the Act and other confidential information of VCH/PHC. I agree to take all reasonable steps to ensure the safety, security, and appropriate use of such information and to ensure that no access, inadvertent or otherwise, is provided to any other person;
5. I will comply with the Act and applicable privacy, confidentiality and security policies of VCH/PHC in respect of access to and use of the Systems and for the protection of personal information and other confidential information accessible via VPN;
6. I understand that my username and password identifies me uniquely to the Systems and that I am responsible for all transactions applicable to such identity. I will maintain the confidentiality of my username, password, RSA SecurID token or PIN and will take appropriate measures to safeguard these from disclosure. I understand that lost or damaged RSA SecurID tokens or PINs may not be replaced, and if replaced, are subject to payment by me of a replacement fee for re-enabling my VPN account;
7. I understand that any computer or device (“Personal Equipment”) used to connect to the Systems is subject to the same security requirements that apply to VCH/PHC equipment. I will ensure that up-to-date anti-virus software, firewall protections and other security measures are installed on my Personal Equipment and will configure Personal Equipment to comply with applicable VCH/PHC privacy, confidentiality and security policies. I am responsible for all fees and costs associated with installation of and connections to my Personal Equipment, including the Internet Service Provider;
8. I understand that VCH/PHC technical support for Personal Equipment will be limited to the information provided in the Remote Access Support document. VCH/PHC staff will not attempt to diagnose and/or fix any problems with Personal Equipment or the network on which the Personal Equipment is connected to.
9. VCH/PHC reserves the right to scan and immediately disconnect my Personal Equipment from the Systems if it does not meet VCH/PHC minimum security or other policy requirements. VCH/PHC may also disconnect my Personal Equipment if the connection to the Systems is inactive. I agree not to use any artificial network processes to keep a connection open;
10. VCH/PHC reserves the right to audit and monitor my access to the Systems;
11. I acknowledge that VCH/PHC may immediately suspend or terminate my access to the Systems if there is a breach or suspected breach of this Agreement or any other unauthorized or inappropriate use of the Systems or information therein. I understand that VCH/PHC may also impose disciplinary measures and/or exercise any other remedy available to it;
12. I understand that my username will automatically expire on the expiry of my contract with VCH/PHC or any specified assignment. If my contract or assignment is continued by VCH/PHC beyond this date, I understand that it is my responsibility to re-apply for continued access to the Systems;
13. I will provide prompt notice to VCH/PHC of any unauthorized access to the Systems or use of confidential information. I will not transfer any personal information outside of Canada, or access the Systems from any location outside of Canada, unless authorized by the Act and with the express written consent of VCH;
14. VCH/PHC has the right to amend this Agreement at any time upon written notice to me;
15. This Agreement will be governed by and will be construed and interpreted in accordance with the laws of British Columbia and the laws of Canada applicable therein.

Undersigned:

Signature _____

Print Name _____

Date / /
YY MM DD