Ontario Health atHome

HPG User Access Authorization Form

Submit completed form to: HNHBITServiceDesk@hccontario.ca

Organization/Partner Name: **Start Date:**
Organization/Partner Type:

HPG Feature required:
☐ **Invoice**   ☐ **Service Offers/Referrals**   ☐ **Client View (CHP)**
☐ **Electronic Referral Management**   ☐ **Coordinated Care Plan Access**   ☐ **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.