

Excelleris Launchpad Application Health Care Provider Acceptable Use Acknowledgement

Excelleris provides a communications infrastructure allowing authorized physicians and health care providers to access personal health information that is stored and exchanged through the Excelleris system.

By signing below, the physician and health care provider agrees to abide by the following standards of acceptable use:

1. I agree to take full responsibility for the actions of my staff that I authorize to be provided access to the Excelleris Launchpad application. Further, I will inform Excelleris of all staff changes that require adjustments to Excelleris Launchpad accounts.
2. I hereby agree that the personal health information I access, or that I authorize my staff to access, through the Excelleris Launchpad application will be held in the strictest of confidence and in accordance with applicable privacy legislation.
3. I hereby agree that all personal health information that is accessed through Excelleris Launchpad, whether by me or by my staff, will be used for the sole purpose of providing patient care.

HEALTH CARE PROVIDER INFORMATION		
_____	_____	_____
FIRST & LAST NAME	SIGNATURE	MSP#
_____	_____	_____
ADDRESS OF PRACTICE		DATE (YYYY/MM/DD)
_____	_____	
TELEPHONE NUMBER	EMAIL ADDRESS	

AUTHORIZED USER		
<i>(ONLY applicable for non EMR users)</i> - Authorized staff to be provisioned with Excelleris Launchpad account for the above location		
_____	_____	_____
FIRST & LAST NAME	FIRST & LAST NAME	FIRST & LAST NAME

OFFICE USE ONLY	
_____	_____
IMP DATE (YYYY/MM/DD)	CSA

Once complete, please scan and email to: clientservices@excelleris.com