



To be completed by all users.

The purpose of this form is to assist Shared Health | Digital Health with authenticating user initiated requests to reset passwords in order to safeguard confidential information. This form should not be used in place of an ACMT form to request user access.

You are only required to complete **TWO** of the following questions. These answers must be provided to the Shared Health Service Desk when requesting assistance with a password reset. It's recommended that you select the two answers that only you could provide.

Please **PRINT CLEARLY** to ensure information is accurately captured.

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

User Name (if applicable): _____ **Site/Facility:** _____

Phone Number: _____

1. What is your father's year of birth? : _____

2. What is your first pet's name? : _____

3. What is your first home street address? : _____

4. What is your favourite colour? : _____

PLEASE EMAIL THE COMPLETED FORM TO servicedesk@sharedhealthmb.ca OR FAX TO 204-940-8700

<i>To be completed by Service Desk</i>		:
Date entered in by SD:	____ / ____ / ____ dd mm yyyy	Date account ID / Password provided: ____ / ____ / ____ dd mm yyyy
Provided to:	_____	SD Initials: _____