

WRHA CLINICAL INFORMATION SYSTEMS ACCESS AGREEMENT FOR NON-WRHA STAFF

SECTION I: APPLICANT

An application to access specific clinical information systems and functions as above has been made on my behalf. In the event that this application is approved, _____

(Print Applicant Name)

understand that I shall have access to information in the following clinical information system(s):

Electronic Patient Record – part of the Hospital Information Systems Project.

I agree to restrict my use of system functions, reports and inquiries to those required for me to discharge the duties of my position. I further understand I shall be assigned a Username that enables me to access this/these system(s).

I understand and agree to the following:

1. I am responsible for the activities performed under my Username.
2. I will use my Username only to access the above named systems and functions.
3. I will not authorize/allow anyone else to gain access to clinical information systems with my Username.
4. I will not log on to clinical information systems with a Username assigned to another individual.
5. I will conform to WRHA security standards to construct and change my Password.
6. I will notify the e-Health Service Regional Service Desk who will notify the applicable Application Administrator in all instances where I have reason to believe my Password is known to another individual.
7. I will log off my username when I am not in attendance at a terminal.

Signed on Day:

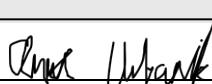
Month:

Year

Signature of Applicant: _____

Student Number: _____

Confirmation—UGME Student: _____


(Enrolment Administrator)

RETURN BOTH COMPLETED FORMS TO

enrollmentugme@umanitoba.ca

PRIOR TO

January 30, 2026 @ 4:00 pm