

### General Information

- This form is used to create or amend a CPAR Access Administrator (AA) account for someone authorized by one or more primary providers to manage their CPAR panel requests, and CPAR user access to submitted panel data and reports.
- The CPAR Access Administrator and CPAR users are affiliates of the provider (custodian) under the *Health Information Act*. Providers are responsible for the actions of their affiliates.

### eForm Completion

- Always download and save a new copy of the eForm to your computer to ensure you are working from the current version.
- Open and fill in the downloaded eForm. Do not try to fill in the form directly in your browser as the eForm may not display correctly in some browsers.
- The eForm is a PDF smart form that will display new fields based on information entered into previous sections. Please type all required information into the form. Save the completed form on your computer or local network before printing for signatures.
- Click the **Reset Form** button to remove any data entered and start again if needed.  
**NOTE:** Clicking Reset Form will remove any data already entered on the eForm.

### Type of Request for CPAR Access Administrator

Choose the type of request needed. Only one type can be selected on the same request.

- **Register new** – Choose this type to register a new CPAR Access Administrator for the first time.

- **Amend existing** – Choose this type to amend an existing CPAR Access Administrator in order to add authorizations for providers/panels, update personal/contact information, or change token type for remote access.
- **Remove provider/panel authorization** – Choose this type to amend an existing CPAR Access Administrator in order to remove authorization for facilities or providers.
- **Terminate CPAR AA Role** – Choose this option when the CPAR Access Administrator role is no longer required for this person (e.g., this person has changed to a different role in the clinic or is no longer working at the clinic). Once the role is terminated, this person will no longer be authorized to submit panel requests or CPAR user requests for any providers.

#### NOTE

Terminating the role CPAR AA does not affect access to any other applications (e.g., Alberta Netcare Portal). If the CPAR AA will not need continued access to any AH or AHS applications, please be sure to return any hard token that has been issued to this person.

- **Comments (as applicable)** – Comment field can be used to clarify the request. For example, “Name Change” can be indicated here.

### CPAR Access Administrator Section

- All fields displayed are mandatory unless otherwise noted directly on the form.
- **Facility Name** is the medical practice, clinic name or office site which the CPAR Access Administrator considers their place of employment or primary worksite.
- **Email** should be an email address that is not shared with any other site staff, as this email address may be used to send information

intended only for the CPAR Access Administrator's use.

- Fields displayed with an asterisk (\*) are optional but should be entered if known.
- **Secret Question/Answer** – Verification fields used by the AHS Service Desk to confirm the AA's identity when providing assistance over the phone. Please create a question and provide an answer that only the CPAR Access Administrator would know.

## Amend a CPAR Access Administrator Section

Choose the type of change(s) required. Multiple selections are allowed. The eForm will display the sections applicable to the type of amendment(s) selected.

- **Add Provider/Panel Authorization** – Choose this option to add a provider and panel to an existing CPAR Access Administrator. Multiple providers and panels can be added on the same request.
- **Change Personal Information or Remote Access** – Choose this option to change the CPAR Access Administrator's name, email address or other contact information, and/or to request a replacement token for the CPAR AA.
- **Add Program/Roster Authorization** – Choose this option if the existing CPAR Access Administrator will now start administering user accounts for access to roster data in CPAR, for a clinic participating in capitation-based Alternative Relationship Plan.

## CPAR Remote Access Section

The Remote Access Section is mandatory for CPAR Access Administrators.

Users have a choice between hard tokens (physical device) and soft tokens (software issued to the user's mobile device (smartphone)).

Users must meet the soft token prerequisites before selecting soft token. Click on the eForm soft token prerequisites button to view those requirements.

- **Provision New Token** – Choose this option when registering a new CPAR AA who does not already have a token for access to other AH applications such as Alberta Netcare or H-Link.
  - Select the desired type of token.
- **Replace Token – Hard Token Broken** – Choose this option to replace a lost token, or a hard token that is not working (e.g., expired token).
- **Replace Token – Change Token Type** – Choose this option if an existing AA wishes to switch the type of token (hard or soft) being used. Select the Token Type based on the token you want to change to. Remember to return the hard token when the soft token is activated, if changing from hard token to soft token.
- **Existing Token – Hard** – Choose this option if the user already has a hard token for other AH applications such as Alberta Netcare or H-Link. Enter the existing hard token **serial number**.
- **Existing Token – Soft** – Choose this option if the user already has a soft token.
- **Deactivate Token** – Choose this option only if the CPAR AA account is being terminated. Return the hard token if one has been issued.

For lost/stolen hard tokens or a lost/stolen device that a soft token is on, please contact the Remote Access Team **IMMEDIATELY** at **1-844-542-7876**.

Return hard tokens to the following address if they are no longer in use, broken, or have been replaced:

**AHS Remote Access**  
19<sup>th</sup> Floor, CN Tower  
19-106, 10005 - 104<sup>th</sup> Avenue  
Edmonton, AB T5J 0K1

## Facility Authorizations Section

This section is mandatory when registering a new CPAR Access Administrator, or when adding provider authorizations to an existing CPAR AA.

List each facility that the CPAR Access Administrator will represent for the provider(s) who are now authorizing this CPAR AA. Additional facilities can be added as needed by clicking the + button in this section.

- **Facility Name** is the name of the family practice or clinic where care is delivered to the paneled patients by the provider(s) that the CPAR AA will represent.
- **Facility Billing ID Number** is the facility ID number used for reporting and billing (not the Facility Key/WDFA used Alberta Netcare access).

## Provider and Panel Authorization Section

This section is mandatory when registering a new CPAR Access Administrator, or when adding provider authorizations to an existing CPAR AA.

Under each facility, list each provider that is now authorizing this person as their CPAR Access Administrator.

- **Provider Legal Last Name** and **Legal First Name** are required and should be entered as they appear on the provider's professional license. **Preferred First Name** can be entered if the provider is typically known by a different first name.
- **Practitioner ID** is required.
- **Day of birth** and **month of birth** are also required to ensure the provider is correctly identified and assigned for this CPAR AA.
- **Panel Name** is a meaningful name used by the primary provider and CPAR Panel Administrator to uniquely identify the panel when working with CPAR information and reports. Panel Name is required.
  - If the provider and panel are being set up for the first time in CPAR, a CPAR

Panel Request Form must be submitted along with the CPAR AA request in order to register the panel for submissions.

- **Panel Number** is required only for an existing panel that has already been set up in CPAR for submissions.

Additional providers can be listed by clicking the + button in this section.

Each provider listed must sign the printed form to authorize this person as their CPAR AA.

- If a provider practices at more than one facility, they must be listed and must sign under each facility to authorize the CPAR AA for the facility/provider combination.

## Program Request Section

This section is mandatory if the CPAR AA is being authorized to grant and manage user access to CPAR for Clinical Alternative Relationship Plan roster administration. **Program ID** and **Program Name** are required.

Additions or changes to this section must be signed by the Program's Authorized Representative.

## Access Administrator Authorization Section

This section is mandatory when registering a new CPAR Access Administrator or amending authorizations for an existing CPAR AA.

The CPAR AA is required to review the agreement information listed and sign the form agreeing to the responsibilities of the role for the facilities and providers they are authorized for.

## AH eHealth Services Quality Assurance Consultant (QAC) Section

This section is completed by eHealth Services once quality assurance checks are performed for completeness and accuracy.