# Central Patient Attachment Registry (CPAR)
# User Registration Form (URF)

The information collected on this form is personal information as described in the *Freedom of Information and Protection of Privacy Act* (FOIP). This personal information is collected and used pursuant to sections 33(c) and 39(1)(a) of the FOIP Act, as the collection is related directly to and is necessary for managing user access to CPAR. If you have questions or concerns about the collection, use or disclosure of this personal information, please contact Application Maintenance and Business Support Unit at PO Box 1360 Station Main, 780-427-2849.

The URF instructions are included after the form portion of this document. All fields displayed are mandatory unless otherwise noted in the instructions or directly on the form. **INCOMPLETE FORMS WILL BE REJECTED.**

| Type of Request Section | |
|---|---|
| ☒ Create a CPAR user | **User Facility Type:** ☒ Community |
| **Comments (as applicable)\*:** | |

| CPAR Access Section – PROVIDERS are responsible for all access and actions by their affiliates. Access MUST adhere to Health Information Act principles of "least amount of information" and "need to know". |
|---|
| **Access Selection (Role):** ☐ Access Administrator          ☐ Roster Administrator |

| CPAR User Information Section – All fields are mandatory unless otherwise noted in the instructions or directly on the form. Fields with an asterisk (\*) are optional but should be filled in if known. Refer to the instructions starting on page 3. | | |
|---|---|---|
| **Legal First Name:** | **Last Name:** | **Middle Name\*:** |
| **Month of Birth:** | **Day of Birth:** | |
| **Position/Profession:** | | |
| **Primary Work Address:** | | |
| **City:** | **Province:** AB | **Postal Code:** |
| **Phone:** | **Fax\*:** | |
| **Email:** | | |
| **Secret Question:** | | |
| **Secret Answer:** | | |
| **Facility Name:** | **Facility Billing ID (not WDFA Key):** | |
| **Does User Currently have Access to Netcare?** ☐ Yes   ☐ No | | |

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| **CPAR Remote Access Section** – For lost/stolen hard tokens or devices soft tokens are on, please contact the AHS Remote Access Team IMMEDIATELY at 1-844-542-7876 |
|---|

☐ Provision New Token - Hard      ☐ Provision New Token - Soft      ☐ Replace Token – Hard Token Broken

☐ Existing Token – Hard      ☐ Existing Token – Soft      ☐ Replace Token – Change Token Type

**Existing Token Number(s):** ▢

| **User Signature Section –** All fields are mandatory. | |
|---|---|
| **User Signature:** | **Date:** |

| **Provider Authorization Section –** All fields are mandatory. | | |
|---|---|---|
| **Provider Name (printed):** | | |
| **Month of Birth:** ▢ | **Day of Birth:** ▢ | **Professional (CPSA) ID:** ▢ |
| **Phone:** ▢ | **Email:** ▢ | |
| **Provider Signature:** | **Date:** | |
| **Is AA the same User as the Netcare Access Administrator for this facility?** | ☐ Yes    ☐ No | |

| **Program Request Section** |
|---|
| **Program ID:** 6122-0000 |
| **Section A – Program Information** |
| **Program Name:** Crowfoot Village Family Practice |

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| AH eHealth Support Service Team – Office Use Only | |
|---|---|
| **QAC Signature:** | **Date:** |
| **eHealth Consultant (Full Name):** | |
| **Comments:** | |
| **Rejection Reason:** | |

| AHS Access Team – Office Use Only | |
|---|---|
| **AHS Signature:** | **Date:** |
| **GUID:** | **Remote Access Issued Date:** |
| **AHS IAM (User Name):** | |
| **Comments:** | |

| Alberta Blue Cross Registry Administrator – Office Use Only | |
|---|---|
| **ABC Signature:** | **Date:** |
| **Comments:** | |

# Fax completed forms to the Alberta Health eHealth Support Team: 1-844-630-0877

## Credentials will be emailed to the Provider within 10 business days.

# Central Patient Attachment Registry (CPAR)
## User Registration Form (URF) Completion Instructions

**General Information:**

- Completion of the Central Patient Attachment Registry URF will enable user access to CPAR or to have changes made to their access including termination of that access.

- Access to confidential health information in CPAR must be based on the principles of 'a need to know' and the 'least amount of information' for the affiliate to do their job.

- Providers are responsible for the actions of their affiliates when they access CPAR.

| Type of Request Section |
|---|

- Type of Request – default to Create.
  - **Create** – The user has never had access to CPAR.

| CPAR Access Section |
|---|

- Standard Access Selection – the role the user will select to access CPAR. Each role has permissions that are automatically assigned once the role is selected.
  - Access Administrator – permissions are to set up future user access on behalf of the provider and Program.  AA will not have access to CPAR.
  - Roster Administrator – permissions allow user to see the Program details and roster specific to the Program they are assigned to within CPAR.

| CPAR User Information Section |
|---|

- All fields displayed are mandatory unless otherwise noted directly on the form.

- Fields displayed with an (*) are optional but should be filled-in if known.

- Facility Billing ID – if unsure of this number, please see your Billing Clerk.

- Secret Question/Answer – verification fields for service desk. Please create a question and provide an answer.

## CPAR Remote Access Section

Complete the CPAR Remote Access Section if you will be accessing CPAR through the internet.

There is now a choice between AHS hard tokens (hardware) and AHS soft tokens (software issued to the user's mobile device; e.g. iPhone).

Users must meet the following soft token prerequisites before selecting soft token:

- Mobile device supported:
    - Apple Devices - iPhone / iPad or iPod Touch.
    - Android Devices - this is an operating system across many manufacturers of different smart phones.

- Technical Specifications – Each device must meet minimum technical requirements which are provided on the RSA SecurID website. (Once on the RSA site you must select the operating system of your mobile device (either Android or IOS) to read the technical specifications):

    https://www.rsa.com/en-us/products/rsa-securid-suite/rsa-securid-access/securid-software-tokens.html#!offerings_for_mobile_devices

- User Requirements:
    - There must be no organizational restrictions regarding the use of mobile devices while at work. Please check with your manager where you work before requesting a soft token.
    - During the activation process the user must have internet connection and access to a separate device (e.g. a computer).
    - The user must have a valid email address that can be accessed from the device.
    - Apple devices must use the Apple Mail app.

If hard tokens or the devices the soft token is on are stolen please contact the AHS Remote Access Team immediately at 1-844-542-7876.

Hard tokens must be returned to the following address when no longer being used:

> **AHS Remote Access**
> 19th Floor, CN Tower,
> 19-106, 10004 - 104th Avenue,
> Edmonton, AB T5J 0K1

## User Signature Section

This section is mandatory.

## Provider Authorization Section

This section is mandatory when requesting access for an Access Administrator or a Roster Administrator. To obtain the appropriate signature please speak to your authorized representative or provider.

**Program Request Section**

This section is mandatory.  Please ensure the Program ID and Program Name is completed.

**AH eHealth Support Team Quality Assurance Consultant (QAC) Signature and eHealth Consultant Name Field**

These individuals are part of the eHealth Support Services (eHSS) team which provides support for CPAR deployment, training, and problem resolution activities. Please refer to the Contact Information section for more information.

These fields are completed after the form is submitted.

**AHS Access Team**

This section is mandatory for paper form submission.  These fields are completed after the form is submitted.

**Alberta Blue Cross Registry Administrator**

This section is mandatory for paper form submission.  These fields are completed after the form is submitted.

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### Credentials will be emailed to the Provider within 10 business days.