CPAR Access Administrator eForm Completion Instructions

Forms must be completed in electronic format, using the following steps:
- Right click 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 saved form. Do not try to fill in the form directly in your browser as some browsers are not compatible.
- The computer accessing the eForm must have a current version of Adobe Reader installed.
- 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 before printing for authorization.

Read Instructions

Central Patient Attachment Registry (CPAR)
Access Administrator (AA) Registration

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 eHealth Support Services at 1-855-643-8649.

The form completion instructions are located in a tab at the top of the pdf fillable form. All fields displayed are mandatory unless otherwise noted in the instructions or directly on the form. INCOMPLETE FORMS WILL BE REJECTED.

Type of Request for CPAR Access Administrator (CPAR AA)

(●) Register new   ( ) Amend existing   ( ) Remove provider/panel authorization   ( ) Terminate CPAR AA role

Comments (as applicable)*: _____

CPAR Access Administrator Information
- 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 tab for additional information.

Legal Last Name: White   Legal First Name: Snow   Middle Initial*: A ①

Day of Birth: 5   Month of Birth: Mar ②

Primary Work Address: Suite 111, 12345-12 Ave. ③
City: Red Deer   Province: AB   Postal Code: T7W 2T7

Phone: 403-436-2345   Email: swhite@email.com ④

Secret Question: Pet's name ⑤
Secret Answer: Rover

CPAR Remote Access
- For lost/stolen hard tokens or devices soft tokens are on, please contact the Remote Access Team IMMEDIATELY at 1-844-542-7876. A remote token is required for a CPAR AA to access AHS Identity and Access Management online services.

(●) Provision New Token   ( ) Replace Token - Hard Token Broken   ( ) Replace Token - Change To Token Type   ( ) Existing Token   ( ) Deactivate Token ⑥

( ) Soft Token

(●) Hard Token   Complete if different from Primary Work Address): _____ ⑦
City: _____   Province: [▼]   Postal Code: _____

CPAR Access Administrator Information: ① Enter the last and first name of CPAR AA being registered. ② Enter CPAR AA's day and month of birth. ③ Enter CPAR AA's primary work location address. ④ Enter the email address for the CPAR AA. It is recommended that the email address be unique and only accessed by the CPAR AA. ⑤ Enter a secret question and answer that will be used to identify the CPAR AA when a call is made to the Help Desk.

CPAR Remote Access: ⑥ Select the remote access required. If the CPAR AA has a remote token (e.g. for Netcare) select Existing token. If AA does not have a token select Provision New Token. ⑦ For a new hard token enter an address if different from what is listed in the first section.

Facility Authorizations – Enter the facility that the CPAR AA is authorized to represent. List each panel and associated provider(s) that the CPAR AA is authorized to represent, for that facility. Click the 'Add another panel or provider at this facility' box to continue listing panels with associated providers at this facility. All fields are mandatory.
Please also submit a Panel Request form for each new panel or if changes are made to existing panel setup.

Facility Name: White's Family Clinic **8**   Facility ID (Billing ID, not WDFA key): 724700 **9**

Add another facility for this CPAR AA? (Additional facility will be added to the end of the CPAR AA authorizations below) [+] **10** Remove Facility

Provider and Panel Authorization – All fields are mandatory. 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".

Provider Legal Last Name: Smith   Legal First Name: Theodore **11**

Preferred First Name: Ted **12**   Day of Birth: 4 ▾   Month of Birth: Jun ▾   Practitioner ID: 123456789 **13**

Check one box: ● New CPAR panel   ○ Existing CPAR panel **14**

Panel Name: Dr. Ted Smith's Panel **15**

Date *(DD/MMM/YYYY)*: 12/10/2019   Signature: *Ted Smith* **16**

Add another panel or provider at this facility? [+] **17**   [Remove Provider]

Provider Legal Last Name: Jones   Legal First Name: Rebecca

Preferred First Name: Becky   Day of Birth: 3 ▾   Month of Birth: Mar ▾   Practitioner ID: 321321321

Check one box: ● New CPAR panel   ○ Existing CPAR panel

Panel Name: Dr. Becky Jones's Panel

Date *(DD/MMM/YYYY)*: 12/10/2019   Signature: *Becky Jones*

Add another panel or provider at this facility? [+]   [Remove Provider]

CPAR11520 Rev. 2019-04   Reset Form   💾 Save Form   🖨 Print Form   Page 1 of 2

Facility Authorizations: **8** Enter the Facility name, as it appears on clinic letterhead. **9** Enter the Facility/Billing ID used for billing. Not WDFA. **10** If the CPAR AA is being authorized for more than one facility, click on the + button.

Provider and Panel Authorizations: **11** Enter provider's full legal name. **12** Enter provider's preferred name if commonly used. **13** Enter provider's Practitioner ID (which is a 9 digit number). **14** Select **New CPAR panel** if authorization is for a panel not yet assigned a panel ID in CPAR. Select Existing CPAR panel if panel ID has been assigned in CPAR. **15** Enter the name of the panel as it will appear in CPAR. **16** Provider signs and dates to authorize CPAR AA for panel. **17** For additional providers continue to click the "+" button and repeat the entry for each provider submitting panels to CPAR and authorizing the CPAR AA.

Program Request – Section to be filled out only if the CPAR Access Administrator is representing a clinic that is actively participating in a capitation-based Clinical Alternative Relationship Plan.

Is CPAR AA representing a clinic actively participating in a capitation based Clinical Alternative Relationship Plan?   Yes ☐   **18**

CPAR Access Administrator Agreement

(The individual appointed as the CPAR Access Administrator must read and sign the Agreement below.)

As a CPAR Access Administrator, I agree to:

1. Read, understand and comply with the requirements and obligations stated within the CPAR Access Administrator guide.
2. Manage the users' CPAR access for the panels for which I am an authorized CPAR Access Administrator.
3. Request creation and amendment of provider panel setup in CPAR in accordance with the provider's instructions, for the panels for which I am an authorized CPAR Access Administrator.
4. Submit a panel termination request when the family practice is no longer responsible for managing an existing panel of patients for which I am an authorized CPAR Access Administrator, and ensure that CPAR panel data submissions are stopped for a terminated panel.

I understand and agree to comply with the above terms and conditions. I consent to be a CPAR Access Administrator for panels for which I am authorized on this CPAR Access Administrator Registration Form.

CPAR Access Administrator Authorization

Date *(DD/MMM/YYYY)*: 12/10/2019   CPAR AA Signature: *Snow White*   **19**

eHealth Support Service Team – Office Use Only

Legal Last Name: _____   Legal First Name: _____

Date *(DD/MMM/YYYY)*: _____   QAC Signature: _____

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

Program Request: **18** Click on the Yes if the clinic is participating in a capitation-based Clinical Alternative Relationship Plan and complete the fields that display. If not participating in a Clinical Alternate Relational Plan, leave blank.

CPAR Access Administrator Authorization: **19** The CPAR AA that is being authorized reads the Agreement and then signs and dates.