

Remote Access Service (RAS) Request Form

Requestor Name:		Requestor Phone #:		Date Required: <i>(dd/mmm/yyyy)</i>	
Approver (Manager/Director):		Approver Phone #:			
Location Information (Required)			User Information (Required)		
Site Name:		First Name:			
Address:		Last Name:			
City/Town:		Network User ID: <i>(if none please submit Account Management form)</i>			
Province:					
Postal Code:		eHealth Laptop Name: <i>(Require for Extended Office)</i>			
Department/Program:					
Attention:		*By submitting this form the Approver agrees they are responsible for the annual \$200.00 support fee for security tokens provided to applicants on the form. The cost center provided will be charged directly within SAP otherwise an invoice will be issued to the site address.			
eMail Address:					
SAP Cost Centre: <i>(Required for Application Viewer)</i>					

Remote Access Service Selection (Required)

Create New:

- Application Viewer Account
- Extended Office Account
- MB eHealth L2 VPN Account

Disable Existing:

- Application Viewer Account
- Extended Office Account
- MB eHealth L2 VPN Account

Remote Access Descriptions and User Guides can be found in the [Manitoba eHealth Service Catalogue](#).

- Remote Access Service account requests require Director approval before submission to the Service Desk
- Remote Access account applicants must have a valid network User ID prior to applying for RAS
- The User is responsible for their remote network access point and high speed internet connection service
- **Extended Office** applicants must have access to an eHealth supported laptop prior to applying for RAS
- **Application Viewer** applicants require a Manitoba eHealth security token to login to the service
- Application Viewer provides remote access only to the clinical applications listed in the Service Catalog
- Tokens have an annual \$200 support fee and \$75 replacement fee for lost, stolen, or damaged units
- The token must not be shared with any individual
- The User or Director must promptly notify the eHealth Service Desk if the token is lost, stolen, damaged or the User's association/employment with their RHA ends.

By signing this form the User agrees to adhere to WRHA policies pertinent to the access, storage, & use of Personal Health Information as per the Manitoba Personal Health Information Act & for the Privacy of Personal Information as per FIPPA.

By signing this form the Approving Director agrees to be responsible for the annual token fee, & replacement fee if required.

	User (Required)	Approving Director (Required)
Print Name:		
Signature:		
Title:		
Date:		

PLEASE FAX COMPLETED FORM with appropriate approval signature to [Manitoba eHealth SERVICE DESK AT 204-940-8700](#)