

In a mission to **GO GREEN**, PROMIS Support accepts only forms in PDF format that were completed electronically and sent by email.

If you do not use your account for three months, your account is disabled. You can reactivate it by contacting PROMIS Support. If you do not use your account for six months, your account is closed. You can request a new user account by following the procedure above.

If the client wants to request a change to their existing PROMIS account, or the client wants to cancel their account, they follow the same process but do not need to complete the confidentiality form again.

To get a PROMIS system user account:

1. The *client* downloads the PROMIS User Account form from the PROMIS Portal.
2. The *client* fills out the form on a computer and digitally signs it by entering their name.
3. The *client* sends the completed form to their authorized approver by email.
4. The *authorized approver* reviews the form and digitally signs it by entering their name.
5. The *authorized approver* sends the form to PROMIS Support at support@bcpra.ubc.ca.
PROMIS Support **must** receive the form from the authorized approver or their designate.
6. *PROMIS Support* configures the client's PROMIS user account.
7. *PROMIS Support* sends the account information to the client by email.

Contacting PROMIS Support

For more information about PROMIS User Accounts, contact PROMIS Support.

Email support@bcpra.ubc.ca Phone (604) 806-8868 Toll-Free (855) 806-8868 Fax (604)

806-8849 PROMIS Support is available Monday through Friday from 8am to 5pm, excluding statutory holidays.



CONFIDENTIALITY AGREEMENT

The User of Patient Record Outcome Management Information System (PROMIS) acknowledges that BC Provincial Renal Agency (BCPRA) and BC Transplant (BCT) have a legal and ethical responsibility to safeguard the privacy of all patients who have records on the system and to protect the confidentiality of their health and other personal information. BCPRA, and BCT as public bodies, are subject to the provisions of the Freedom of Information and Protection of Privacy Act and the Human Tissue Gift Act.

Computerized records and information are subject to the same requirements as written information. The User of PROMIS will hold in confidence any information supplied by BCPRA and BCT whether labelled as confidential information or not, including any health information or personal information on any patient, and any information on health care providers.

The User of PROMIS, with access to information about patients, Donors and Donor families may only obtain information that is necessary for job duties and performance. Viewing any information other than that required performing a job function is a violation of the PHSA confidentiality policy, even if one keeps the information to oneself and does not disclose it to any other person.

Access to health information/records is limited to designated renal unit personnel, BCPRA and BCT personnel and to patient if required. The users may disclose patient health information, according to their roles, to other designated personnel and patient.

The User of PROMIS agrees to adhere to all policies, procedures or standards issued by BCPRA and BCT. The Province of British Columbia or the Ministry of Health are covered by the provisions of the FIPPA and PIPEDA, the Human Tissue and Gift Act and E-Health as related to the confidentiality, privacy or security of information. **Policies pertaining to PROMIS users can be found on the PROMIS portal at <https://promis.phc.bc.ca>.**

If the user remains with the organization but changes position or requires a change in access, the page attached with title "User Account Requests" will need to be completed with the date of change, the new role/position emailed to the Support Desk.

I have read and understood the above and agree to the conditions as stated. I agree to keep personal passwords confidential.

NAME OF USER: _____

SIGNATURE: _____ **Date:** _____



USER ACCOUNT REQUEST: New Change Cancel PROMIS Training Required

*Start Date: _____ End Date: _____

*Legal Name First: _____ Middle: _____ *Last: _____

Name Change from: _____

*Work Phone: _____ (Ext) _____ *Email: _____

Position(s):		
<input type="checkbox"/> Administrative Assistant / MOA	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> Pharmacist (Macdonald's Rx)
<input type="checkbox"/> BCPRA Staff/Title: _____	<input type="checkbox"/> Living Donor Coordinator	<input type="checkbox"/> Pharmacist (Hospital)
<input type="checkbox"/> Clerk	<input type="checkbox"/> Manager	<input type="checkbox"/> Pharmacy Technician (Hospital)
<input type="checkbox"/> Clinical Coordinator	<input type="checkbox"/> Nurse Clinician	<input type="checkbox"/> Pharmacy Technician (Community)
<input type="checkbox"/> Clinical Nurse Leader	<input type="checkbox"/> Nurse Practitioner - MSP# _____	<input type="checkbox"/> Physician Fellow
<input type="checkbox"/> Data Management Coordinator	<input type="checkbox"/> Organ Donation Specialist	<input type="checkbox"/> Physician - MSP # _____
<input type="checkbox"/> Dietician	<input type="checkbox"/> Pharmacist (Community)	<input type="checkbox"/> Researcher
<input type="checkbox"/> Director	<input type="checkbox"/> Pharmacist (Community Transplant)	<input type="checkbox"/> Social Worker
		<input type="checkbox"/> Vascular Access Coordinator

*Work Location(s) (Hospitals/Clinics) you need access to: _____

Clinic type: Hemodialysis Home Hemodialysis Peritoneal Dialysis CKD/Predialysis

Additional Access: E-charting Clinic Scheduling Dialysis Schedule Update Emergency Planning

Do you require "Read Only" access to PROMIS?: Yes No

*Programs You Work In: (check off fields which are required)

Add	Remove		Add	Remove	
		CARDIAC			TRANSPLANT
<input type="checkbox"/>	<input type="checkbox"/>	Healthy Heart	<input type="checkbox"/>	<input type="checkbox"/>	Kidney
<input type="checkbox"/>	<input type="checkbox"/>	Rehab	<input type="checkbox"/>	<input type="checkbox"/>	Kidney-Pancreas
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac Office	<input type="checkbox"/>	<input type="checkbox"/>	Liver
		TRANSPLANT DONORS	<input type="checkbox"/>	<input type="checkbox"/>	Heart
<input type="checkbox"/>	<input type="checkbox"/>	Kidney Donor	<input type="checkbox"/>	<input type="checkbox"/>	Pancreas
<input type="checkbox"/>	<input type="checkbox"/>	Liver Donor	<input type="checkbox"/>	<input type="checkbox"/>	Pancreas Islet
		OTHER	<input type="checkbox"/>	<input type="checkbox"/>	Single Lung
<input type="checkbox"/>	<input type="checkbox"/>	Post-Covid Recovery	<input type="checkbox"/>	<input type="checkbox"/>	Double Lung
			<input type="checkbox"/>	<input type="checkbox"/>	Bowel
			<input type="checkbox"/>	<input type="checkbox"/>	Cluster

*BC Transplant Clinic: Yes (Pre-Tx: Post-Tx:) No

Other Comments: _____

*User Signature: _____ *Date Signed: _____

I have the authority and consent that this user be granted the ability to have access to patients as pertains to their job role and centre(s). I agree to review their access bi-annually.

*PROMIS Authorizer's Signature: _____ *Date Signed: _____

INTERNAL USE ONLY:	BC TRANSPLANT:
User ID: _____	<input type="checkbox"/> CIS-Fullview <input type="checkbox"/> CIS-Pre-Tx <input type="checkbox"/> CIS-Region <input type="checkbox"/> CIS-Donor
Roles: _____	Other Roles: _____
Ticket: _____ Date: _____	Date: _____
PSD Account: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorizer's Name: _____
PROMIS Authorizer's Signature: _____	Authorizer's Signature: _____