Preview: Request for MSP Direct Access

Your data has not been submitted yet!

Please review the information below related to your Organization, Signing Authority, Access Administrator, Users and MSP Groups to ensure you have entered the correct details. If you submit incorrect information you will have to re-submit your request from the beginning.

You may wish to print this page for your own reference.

If you need to make changes, close this preview window to return to the form. If everything is correct, please click the "submit request" button.

The Submit Request button will generate a PDF document containing the Data Access Agreement. You must print, complete, sign, and submit this document:

Scan to: hlth.hnetconnection@gov.bc.ca

Or Fax to: (250) 405-3628

Or mail to:

Data Access Services
Ministry of Health Services
PO BOX 9640 STN PROV GOVT
Victoria BC V8W 3P1

Please note:

Requests take approximately 40 business days to process. If you require a status update after the 40 days please send an email to: HLTH.HnetConnection@gov.bc.ca and include the request number in the subject line.

Organization

Name:	Company A
Address:	1 123 Yates Street
	321 Johnson Street
	Victoria, BC A1A 1A1
Third Party Administrator:	
Blue Cross:	No
Access Requested:	Employees

Signing Authority

Name:	Mr. John M Doe
Job Title:	System Analyst
Email:	test@test.com
Phone:	(123) 456 - 7890 ext: 123
Fax:	(123) 456 - 7890
MSP Access:	Yes
Access Requested:	Employees
Also an Access Administrator?	Yes

Access Administrators

Name: First Name1 Last Name 1
Job Title: Bsa
Email: AA1@test.com
Phone: (250) 123 - 4567
Fax: (250) 123 - 4567
MSP Access: Yes
Access Requested: Employees

Name: First Name 2 Last Name 2
Job Title: Bsa
Email: AA2@test.com
Phone: (250) 456 - 7890
Fax: (250) 456 - 7890
MSP Access: Yes
Access Requested: Employees

Name: First Name 3 Last Name 3
Job Title: Business Analyst
Email: AA3@test.com
Phone: (250) 123 - 4567 ext: 850
Fax: (123) 456 - 7890
MSP Access: Yes
Access Requested: Employees

Name: Prof. First Name 4 M Last Name 4
Job Title: System Analyst
Email: AA4@test.com
Phone: (250) 123 - 4567 ext: 65
Fax: (250) 123 - 4567
MSP Access: Yes
Access Requested: Employees

Name: Rev. First Name 5 M Last Name 5
Job Title: Bsa
Email: AA5@test.com
Phone: (250) 123 - 4567
Fax: (321) 654 - 7895
MSP Access: Yes
Access Requested: Employees

Name: Rev. First Name 6 Last Name 6
Job Title: Bsa
Email: Aa6@test.com
Phone: (654) 123 - 4567 ext: 12
Fax: (654) 231 - 4569
MSP Access: Yes
Access Requested: Employees

Name: First Name 7 Last Name 7
Job Title: Bsa
Email: AA7@test.com
Phone: (250) 123 - 4567
Fax: (354) 321 - 6598
MSP Access: Yes
Access Requested: Employees

Name: First Name 8 Last Name 8
Job Title: Bsa
Email: AA8@test.com
Phone: (123) 456 - 7890
Fax: (354) 321 - 6598
MSP Access: Yes
Access Requested: Employees

Users

Name:	Mrs. Jane S Doe
Job Title:	Bsa
Email:	test@test.com
Phone:	(123) 456 - 7890
Fax:	(123) 546 - 7890
Access Requested:	Employees

Name:	User Fn 2 User Ln 2
Job Title:	Bsa
Email:	User2@test.com
Phone:	(123) 456 - 7890
Fax:	(321) 654 - 9871
Access Requested:	Employees

Name:	User Fn 3 S User Fn 3
Job Title:	Analyst
Email:	user3@test.com
Phone:	(321) 123 - 4560
Fax:	(250) 123 - 5668
Access Requested:	Employees

Name:	Mr. User Fn 4 User Fn 4
Job Title:	Bsa
Email:	user4@test.com
Phone:	(123) 456 - 7890
Fax:	(250) 123 - 5668
Access Requested:	Employees

Name:	Ms. User Fn 5 User Fn 5
Job Title:	Bsa
Email:	user5@test.com
Phone:	(321) 123 - 4567
Fax:	(250) 123 - 5668
Access Requested:	Employees

MSP Groups

Group Number:	~~[redacted]~~
Third Party:	Yes

Group Number:	~~[redacted]~~
Third Party:	Yes

[Return to Form] [Submit Request]