

Health Partner Gateway

SYSTEM ACCESS AUTHORIZATION

Complete the following to authorize or remove a HPG user account

Organization Name _____ Contact # (____) _____ - _____

User Name (first name, middle initial, last name)

User's Email _____ Title/Position _____

Supervisor _____ Expected Start/End Date _____

LHIN Name	Team Name

User Options	Please check applicable box	
Authorize/remove HPG system access	Authorize	Remove
A System Account (for automatic transmissions only)	Yes	No
A LHIN User (LHIN Employee)	Yes	No
Associated with multiple LHINs – does this user already have an HPG account? If YES, please specify which LHIN(s)	Yes	No
Role - specify all applicable roles for this user:		
Client Viewer – Ability to view Client information & documents	Yes	No
Document Receiver – Ability to Open/Download Documents	Yes	No
Document Sender – Ability to Send Documents	Yes	No
Document Viewer – view only of Inbox and Sentbox	Yes	No
Manual Invoice Subscriber – ability to add Manual Invoices	Yes	No
Offer Manager – ability to accept or refuse Offers	Yes	No
Provider Team Administrator – ability to add/manage email notification	Yes	No
LHIN Based Administrator – limited to LHIN only	Yes	No

Reason for Change _____

Date

Authorized Signature

Office Use Only	Initial	Date
Account Created or Disabled		
HPG login name:		
Team(s):		
HPG user notified & temporary password provided?		