

*Clinic Administrator authorization to add eHealth access for new users or update access for an existing eHealth user.
Complete this form and email to ServiceDesk@wcb.mb.ca.*

WCB Provider Account # *				<b style="color: red;">eHealth Portal Capability 1 Accounting/Invoicing 2 Maintain Patient Reports (No Submissions) 3 Maintain and Submit Patient Reports 4 Clinic Owner/Manager
Provider Name *				
Provider Address *				
Clinic Administrator Name *				
Clinic Administrator Contact Phone # *				

**Mandatory fields*

Add access for the following user(s)

				Access Effective Date		
First Name	Last Name	Middle Initial	Individualized Email Address	Phone #	Administrator? (Y/N)	Assigned Capability (1, 2, 3 or 4)

Update access for the following user

		Access Change Effective Date	
User First & Last Name			
Select Access Change Required	Details of Change(s)		
<i>Update Individualized Email Address</i>			
<i>Update eHealth Portal Capability</i>			
<i>Suspend eHealth Portal Access</i>			
<i>Other (Please specify)</i>			