

*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 # *			
Provider Name *			
Provider Address *			
Clinic Administrator Name *			
Clinic Administrator Contact Phone # *			

eHealth Portal Capability
1 Accounting/Invoicing
2 Maintain Patient Reports (No Submissions)
3 Maintain and Submit Patient Reports
4 Clinic Owner/Manager

**Mandatory fields*

Add access for the following user(s)

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

Update access for the following user	Access Change Effective Date
User First & Last Name	
Select Access Change Required	Details of Change(s)
<input type="checkbox"/> Update Individualized Email Address	
<input type="checkbox"/> Update eHealth Portal Capability	
<input type="checkbox"/> Suspend eHealth Portal Access	
<input type="checkbox"/> Other (Please specify)	