eHealth Services
Update User Access

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 # *	

*Mandatory fields

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

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)***
☐ ***Update Individualized Email Address***	
☐ ***Update eHealth Portal Capability***	
☐ ***Suspend eHealth Portal Access***	
☐ ***Other (Please specify)***	