Ontario
eHealth Ontario

**MOHLTC**
**Ontario Public Drugs Program (OPDP)**

# Generic Email Account Information Change Request Form

*Use this form to change the account information of a generic email account assigned through the Ontario Public Drugs Program.*

**A generic account** is an anonymous email attributed to only one contact person as the custodian of the account.

## FORM COMPLETION INSTRUCTIONS

1. This form must be completed to change account information for any ONE Mail Generic Account provisioned through the Ontario Public Drugs Program.
2. All fields must be completed as specified. **Mandatory fields are marked with an asterisk.** Indicate "Not Applicable" or "N/A" if a field is not applicable.
3. Sign the Notice of Collection (1E)
4. The Pharmacy must return pages 1-3 of the completed form to the OPDP Registration Unit.
5. The OPDP Registration Unit must **fax** the completed form to eHealth Ontario Registration Authority for processing.

## Part 1 – Applicant Information

| Existing Generic Account | Please check the applicable boxes* |
|---|---|
| @one-mail.on.ca | Name Change or Address Change ☐ *(Complete section 1A, 1D & 1E)*<br>Contact Person Change ☐ *(Complete sections 1A, 1B, 1C, 1D, 1E)*<br>Challenge Questions Change ☐ *(Complete sections 1A, 1B, 1E)* |

**1A - Applicant Details -** *This section to be completed by the* ***applicant.*** *All fields marked as mandatory (*) must be completed, even if they are not changing.*

| Salutation* ☐ Dr. ☐ Mr. ☐ Miss ☐ Mrs. ☐ Ms. | Legal First Name* | Preferred First Name | Middle Name(s) |
|---|---|---|---|
| Gender* ☐ Male ☐ Female | Legal Last Name* | Preferred Last Name | Date of Birth* *(yyyy-mm-dd)* |
| Organization Name * MOHLTC – OPDP | Pharmacy Name* (eg. ABC Pharmacy) | | |

| Business Address* *(Number and Street)* | | Suite/Unit/Floor | City/Town* |
|---|---|---|---|
| Province* ON | Postal Code* | Business Telephone* (incl. Extension) | Contact Business Email* |

Provide Login Name **if an existing registrant*** *(e.g. first.last@oneid.on.ca)*

**1B –Service Desk Challenge Questions -** *To be completed by the* **applicant** *or the* **Local Registration Authority**. *Challenge Questions are used by the Service Desk to verify your identity. Review the Acceptable Challenge Questions from the list below. Choose two questions and enter the corresponding letters (A, B, C, etc.) with your answers in the fields below.*

A. What was your nickname as a child?
B. Who was your first employer? (e.g. name of company)
C. What year did you leave home?
D. What was your mother's first job?
E. What is the middle name of your father?
F. What is your oldest sibling's middle name?
G. What school did you attend for sixth grade?
H. What was the name of your first stuffed animal?
I. What city or town was your mother born in?
J. What was your maternal grandfather's profession?
K. Name of first pet?
L. What is your paternal grandmother's maiden name?
M. What was the first movie you ever saw?

| Challenge Question #1 *(enter letter)* | | Answer to Challenge Question #1 | Challenge Question #2 *(enter letter)* | | Answer to Challenge Question #2 |
|---|---|---|---|---|---|

**1C – Documentation to Support Identity** - *To be completed by the* ***Local Registration Authority***.

| | Document Description* | Document Number* | Expiry Date *(yyyy-mm-dd)* |
|---|---|---|---|
| 1 | Pharmacist OCP Number | | N/A |
| 2 | Pharmacy Licence Number (OCP Number of Pharmacy) | | N/A |

**1D – New Pharmacy ON/ODP#** - To be completed if the pharmacy has been issued a new ON/ODP# as the results of an address change

## 1E – Notice of Collection and Consent

The registration and enrolment system for the ONE ID credential and the ONE Mail generic account sponsored by the Ministry of Health and Long-Term Care ("**Ministry**") is managed by eHealth Ontario (the "**Agency**"). The Agency's collection of information about identifiable individuals ("**personal information**") is governed by the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. F.31 (the "Act"). Under the Act, the Agency may collect personal information where the collection is necessary for the proper administration of the Agency's authorized activities.

eHealth Ontario is collecting personal information about you on this form, indirectly from the Ministry's Ontario Public Drug Programs. The purpose of the collection of personal information on this form by eHealth Ontario is to register you to use the Agency's information infrastructure, provide an authentication credential, enrol you into one or more Agency sponsored services (e.g. ONE Mail), verify your identity as a person registering or registered to use the Agency's information infrastructure, and to maintain and administer your registration and enrolment. The collection, use, and disclosure of personal information for these purposes are authorized under Ontario Regulation 43/02 made under the Development Corporations Act, R.S.O. 1990, c. D.10.

If you have any questions, or for further information about the collection described above, please contact the Vice President & Chief Privacy Officer at eHealth Ontario: P.O. Box 148, 777 Bay Street, Suite 701, Toronto, ON M5G 2C8, Tel: (416) 586-6500.

*I confirm that the details above are correct. I consent to the collection, use, and disclosure of my personal information for the purposes described above.*

| Applicant's Signature* | Date Signed* *(yyyy-mm-dd)* |
|---|---|
| | |

## Part 2 – Sponsorship Information (For Ministry Use Only)

**2A - Generic Account details -** This section to be completed by the **Local Registration Authority** on behalf of the sponsorship Organization. Select the appropriate enrolment.

Display Name*

(e.g., ABC Pharmacy, Toronto. This is the Generic Account name that will be displayed in the 'From' field of an email, a combination of the Location Name and the City of the pharmacy)

**2B – Sponsorship Organization Details**

*This section to be completed by the Local Registration Authority on behalf of the sponsorship Organization. Specify organization name, location name, and address only if different from the applicant.*

| Organization Name* *(e.g., Twin Falls Health Sciences Network)* | Location Name *(e.g., ABC pharmacy)* | |
|---|---|---|
| MOHLTC – OPDP | | |
| Business Address* *(Number and Street)*<br>Hepburn Block | Suite/Unit/Floor<br>9th Floor | |
| City/Town*<br>Toronto | Province*<br>ON | Postal Code*<br>M7A 1R3 |
| ☒ Sponsorship Received via Other Methods *(e.g., email, memo)*. | Specify Method:<br>☒ Other (specify): As per Alternative Registration Policy Assessment: Ontario College of Pharmacists | |

## Part 3 – Local Registration Authority Information (For Ministry Use Only)

*This section to be completed by the **Local Registration Authority**. Specify organization name, location name, and address only if different from the applicant. Contact information (e.g., business telephone and/or business email) must be provided.*

| Salutation* ☐ Dr. ☐ Mr. ☐ Miss ☐ Mrs. ☐ Ms. | First Name* | Legal Last Name* |
|---|---|---|
| Business Telephone* (incl. Extension) | | Business Email* |

☐ Address Same as Applicant *(If checked, the remaining Address fields in this section are not mandatory.)*

| Organization Name* (e.g., *Twin Falls Health Sciences Network*) | Location Name (e.g., *ABC General Hospital*) | |
|---|---|---|
| MOHLTC | Ontario Public Drugs Program (Registration Unit) | |
| Business Address* (*Number and Street*) | Suite/Unit/Floor | |
| 1055 Princess Street | Suite 302 | |
| City/Town* | Province* | Postal Code* |
| Kingston | ON | K7L 5T3 |

*I confirm that I have reviewed the applicant's identity documents and this application for registration and/or service enrolment.*

| Local Registration Authority's Signature* | Date Signed* (*yyyy-mm-dd*) |
|---|---|
| | |

1. **Fax completed form to eHealth Ontario Toll free at 1-866-831-0107**
2. **Email the generic account name to registration.agents@ehealthontario.on.ca (DO NOT email completed form)**

**Note:** Once confirmation of user registration has been received, handle all original forms in accordance with your organizations Privacy, Security and document management policy.