

ONE Mail is an encrypted messaging service that enables the secure and confidential exchange of personal health information (PHI) between registered ONE Mail health care professionals.

This Request for Service (RFS) form collects information about your organization to ensure you meet the requirement for the ONE Mail service as well as to determine the type of service that best suits your organization.

To submit your request or ask questions, please contact the **ONE Mail Product Team** at:

Email: onemailinfo@ehealthontario.on.ca

SECTION 1: ORGANIZATION INFORMATION					
Legal Name Of Organization					
City		Province		Postal Code	
		ONTARIO		XXX XXX	
Contact Name		Email			
Phone Number	Fax	Website			
(XXX) XXX–XXXX Ext:	(XXX) XXX–XXX				
Does Your Organization Have An Email Server?	How Many Employees DoesHowYour Organization Have?ONI		How Many Emplo ONE Mail?	How Many Employees Require ONE Mail?	
🗆 Yes 🗆 No					
SECTION 2: PRIMARY SERVICE					
Select the type of service that best describes the primary service your organization provides.					
 Cancer Care Ontario Children's Treatment Centre Chiropractic Office Community Care Service Provider Community Mental Health & Addiction Service 		th Team Deprivation Physician Office Provider Physiotherapy Public Health Unit t Health Speech Language Pathology		trist Office an Office herapy lealth Unit Language	
Other Affiliated Health Care Organization (please specify)					
What Will Your Organization Be Using ONE Mail For?					
Where Did You Hear About ONE Mail?					

P.O. Box 148, 777 Bay Street, Suite 701 Toronto, Ontario M5G 2C8 | www.ehealthontario.on.ca