

General Information

A request for a configuration change to a ONE® Network circuit takes a minimum of 20 business days, complex changes may take longer.

NOTE: Complete this form to request the move of an existing ONE® Network circuit to a new demark within the same physical address. To request the move of an existing ONE® Network circuit to a **new** physical address, complete the ONE® Network Move Form.

1. Complete a separate form for each ONE® Network circuit requiring a configuration change.
2. **Complete all fields as specified. Fields marked with * are mandatory and required for processing.**
3. Return the completed form to OH-servicedesk@ontariohealth.ca or call 1-866-250-1554 for assistance.
4. A statement of confidentiality is included.

Site Information

Organization Name*:		Site Name*:	
Suite # - Street Number & Name*:		City*:	Province: ON
Postal Code*:			
Ontario Health MSUID:			
Current Location of Ontario Health Equipment:			
Floor:	Room Name/Number:	Rack Number:	
Requested Completion Date for change (MM-DD-YY):		Preferred time(s) for change:	

Requested Configuration Change(s)

Check all requested changes and provide details below.

Service port *(add/remove)*

Redundant circuit² *(add/remove)*

IP address *(change/add/remove)*

Routing *(add/remove/BGP/static)*

Internal demark move³ *(within same building)*

Bandwidth¹ *(increase/decrease)*

Upload Mbps

Download Mbps

Total circuit Mbps

Other³ *(provide details below)*

Details of requested change(s):

Contact Information

Business Contact – Has the authority to make decisions regarding the Ontario Health circuit.

Technical Contact – Has technical knowledge of the Ontario Health circuit and can provide site access.

Site Access Contact – Is able to provide technical support and site access if the technical contact is unavailable.

Business Contact

First Name*:		Last Name*:	
Telephone (<i>include extension</i>):	Cell*:	Email*:	
Signature*:		Title*:	Date (MM-DD-YY)*:

Technical Contact

First Name*:		Last Name*:	
Telephone (<i>include extension</i>):	Cell*:	Email*:	

Site Access Contact

First Name:		Last Name:	
Telephone (<i>include extension</i>):	Cell:	Email:	

Additional Information

Provide business justification or objectives in support of the above requested change(s).

Confidentiality

The information collected on this form will be treated in accordance with the terms and conditions of the Ontario Health Services Agreement including Section 8, Confidential Information, Privacy and Personal Information.

¹ Eligibility

Ontario Health will provide a ONE[®] Network connection assuming funding and service is available and if the healthcare site meets the eligibility criteria. Otherwise, the public internet will be the default method by which healthcare providers will access Ontario Health services. Lead times for circuit installation are dependent upon existing facilities and/or build requirements. Ontario Health reserves the right to perform assessment, including utilization analysis, to determine appropriate bandwidth.

² Redundancy

Upon request, Ontario Health will endeavor to provide redundant connections assuming funding and service is available. Site is responsible for providing cabling between demarks (where a split demark has been requested).

³ Cost of additional Infrastructure

In order to accommodate an Ontario Health ONE[®] Network connection, additional infrastructure may be required (i.e. conduit, cabling, power etc.). While there is no cost to clients for a ONE[®] Network connection, clients are responsible for any costs incurred from the street to the point of delivery in order to facilitate the installation and operation of the service.