

OVERVIEW

The ONE Mail direct account policy describes the terms and conditions under which access to an eHealth Ontario issued ONE Mail mailbox (account) may be gained. This Policy is meant to ensure that only the End User of the Account has access to the contents of that Account unless the specific circumstances can be demonstrated.

eHealth Ontario may revise this Policy from time-to-time in accordance with the terms and conditions of the ONE Mail Direct Services Schedule. <http://www.ehealthontario.on.ca/en/services/resources> is where any revisions will be posted. Clients, End Users, and any third parties seeking access to an Account are responsible for checking this website for updates to this Policy.

Complete this form to request access to eHealth Ontario ONE Mail account.

INSTRUCTIONS TO COMPLETE FORM

1. Complete the required (*) fields.
2. eHealth Ontario will only grant access to requests for the following reasons:
 - a) The End User of the account has provided the Organization (The Client) with written consent to access their account;
 - b) The Organization can validate, in writing to eHealth Ontario, that the Account is used solely for administrative or operational purposes;
 - c) The Organization can validate, in writing to eHealth Ontario, that the Account is solely owned by the organization and is not assigned to any particular End User. For example, via a generic email address admin@orgabcd.com;
 - d) Under applicable laws such as a validly issued search warrant or Freedom of Information (FOI) request.
3. The Legally Responsible Person (LRP), must authorize the request
4. Mail, email or fax the completed form to:
 - a. **Mail:**
eHealth Ontario ONE Mail Product Team
PO Box 148
Toronto, Ontario, M5G 2C8
 - b. **eMail:** onemailinfo@ehealthontario.on.ca
 - c. **Fax:** **(416) 586-9399**

QUESTIONS

If you have questions about this form, or the policy, please contact the eHealth Ontario ONE Mail Product Team:

Email: onemailinfo@ehealthontario.on.ca

Note: All requests will be reviewed by the manager of the ONE Mail Product Team. If additional approvals from the Privacy or Legal teams are required, the applicable individuals will be contacted.

EHEALTH ONTARIO USE ONLY				
DATE RECEIVED	PROCESSED BY	APPROVED BY	REMEDY TICKET #	DATE ACCESS PROVISIONED
MM/DD/YYYY				MM/DD/YYYY
*SECTION 1: REQUESTOR INFORMATION				
FIRST NAME		LAST NAME		
ORGANIZATION NAME		TITLE		
ROLE <input type="checkbox"/> Legally Responsible Person (LRP) <input type="checkbox"/> Local Registration Authority (LRA)				
*SECTION 2: LRP AUTHORIZATION				
<input type="checkbox"/> Request approved by the Legally Responsible Person (LRP)				
*SECTION 3: ACCOUNT TO BE ACCESSED				
ONE MAIL ACCOUNT		ONE ID		
*SECTION 4: PROVIDE ACCESS TO				
ONE MAIL ACCOUNT		ONE ID		
*SECTION 5: REASON FOR ACCESS				
<input type="checkbox"/> The End User of the account has provided written consent <input type="checkbox"/> The Account is used solely for administrative or operational purposes <input type="checkbox"/> The Account is solely owned by the organization and not assigned to an End User <input type="checkbox"/> The Account is a subject of applicable laws, a search warrant or FOI Request				
Additional Information:				
*SECTION 6: ACKNOWLEDGEMENT				
<input type="checkbox"/> I accept all liability for access to, or disclosure of, any Personal Information or confidential information that may be in that Account.				
Date:		Signature:		