

ONE Network Access (eWAN) or ONE Network Enterprise (WAN) Move Form

Use this form to request the move of an eHealth Ontario ONE Network Access or ONE Network Enterprise circuit.

For ONE Network Access circuits, you must complete and return the eHealth Ontario ONE Network Access Order Form.

General Information

A move of a circuit is classified as an **internal** move, if it meets any of the conditions in the list below. Indicate the conditions applicable to the move request.

Internal Move

- The move is taking place from one location to another within the current site address.
- The demarcation point (e.g., vendor's wiring closet) of the circuit is not changing. *A demarcation point is the physical point at which the public network of a service provider (i.e., a phone or cable company) ends and your private network begins.*

A move of a circuit is classified as an **external** move, if it meets any of the conditions in the list below. Indicate the conditions applicable to the move request.

External Move

- The requested move is to a new site address. The following completed forms are required:
 - ONE Network Move Form (this form)
 - ONE Network Order Agreement
- The circuit must be moved to a different demarcation point (e.g., vendor's wiring closet) within the current site address. *A demarcation point is the physical point at which the public network of a service provider (i.e., a phone or cable company) ends and your private network begins.*
- The move request requires that the new and current circuit are run in parallel for a period of time (to a maximum of 30 days).

The move of a ONE Network circuit can take **40 to 120 business days** depending on circuit size and complexity of installation. This time does not include holds due to site construction which can only be determined after the new circuit order has been submitted to eHealth Ontario's vendor.

Form Completion Instructions

1. You must complete a separate form for each circuit. Moves for multiple circuits cannot be requested on a single form.
2. You must complete all the specified fields. If your form is incomplete, it will be returned to you for completion. If a field is not applicable to your site, indicate "Not Applicable" or "N/A".
3. If you requested an **external move**, a completed **eHealth Ontario ONE Network Order Agreement** Form must accompany the **eHealth Ontario ONE Network Access /ONE Network Enterprise Move Form**.
4. Return your completed form(s) by e-mail to (servicedesk@ehealthontario.on.ca) or by secure fax to (416-586-4397).
5. **Only enter business-related information on this form. A statement of confidentiality is included.**

Site Information

Site Name

eHealth Ontario No. or MSUID No. *(if known)*

Current location of the circuit

Floor | Room No. *(or description)*

Internal Move Information

This section is applicable only to a ONE Network Enterprise move. List the **exact location** where the **new** network circuit is to be installed. If the room does not have a number, provide a description. For example: utility room.

Ensure that the new location meets the requirements (e.g., for connection to your LAN) as stated in **Appendix A**.

Exact location of the new circuit

Floor | Room No. *(or description)*

Indicate the site business hours and the preferred day(s) of the week and time-of-day for the move. Vendor hours of operation are Monday to Friday, from 09:00 to 17:00 (excluding statutory holidays). A release window of four hours (minimum) is required for a move.

Site Business Hours | Preferred Installation Hours | Same as Office/Business Hours?
 Mon Tues Wed Thurs Fri AM PM Yes No

Contact Information

Provide only business-related information.

The **Primary Contact** is the name of the individual authorized to make decisions regarding the move. You can delegate the Primary Contact designation to an individual that is either on- or off-site.

Primary Contact

First Name	Last Name	On-site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Telephone No. <i>(include extension)</i>	Business Fax No.	
Business Pager/Cell Phone No.	Business e-mail	
Signature	Date	

The **Backup Contact** is the on-site individual responsible for overseeing the process on the scheduled day of the move. eHealth Ontario does not require that the Backup Contact have authorization to make decisions concerning the move.

Backup Contact

First Name	Last Name
Business Telephone No. <i>(include extension)</i>	Business Fax No.
Business Pager/Cell Phone No.	Business e-mail

External Move Information

Date on which the move from the physical site to the new site is scheduled (yyyy-mm-dd)

Is the current circuit being terminated on the day of the move (current IP address is retained), or, do the current and new circuit need to run in parallel for a specific period of time (a new IP address is assigned)?

- Circuit to be terminated on the move day
 Run current circuit in parallel with new (to a maximum of 30 days)
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The **Date** the current circuit needs to be **turned off** (yyyy-mm-dd)

The **Date** the current circuit needs to be **physically removed** (yyyy-mm-dd)

If these dates change, please advise eHealth Ontario immediately to avoid interruption to your service.

Concisely and accurately indicate who our vendor should contact to arrange for removal of the original circuit. For example: Contact John Smith prior to visit to allow for security arrangements to be made.

Site Access Instructions No instructions required

Is access available to the new site prior to the move date?

- Yes No

If "Yes", indicate from which date our vendor can perform a site assessment. A site assessment may be a requirement for ordering a ONE Network Enterprise circuit.

Confidentiality

The information collected in this order form is kept strictly confidential once it is received by eHealth Ontario, and is used only for the purposes of provisioning and supporting eHealth Ontario circuits.

eHealth Ontario has taken reasonable safeguards to ensure the security and confidentiality of all information. eHealth Ontario will employ all reasonable steps to protect the confidential information from unauthorized or inadvertent disclosure or use.

All information gathered through this form in performance of the work done as a result of this agreement will be maintained by eHealth Ontario in strict confidence. eHealth Ontario may disclose the confidential information to employees, contractors and vendors who require the confidential information to fulfill a client's request under this agreement.
