

## Form of Local Registration Authority Acknowledgement

I, \_\_\_\_\_, understand that I will be registered in eHealth Ontario (“**eHealth Ontario**”) ONE® ID and appointed as a Local Registration Authority (“**LRA**”). Local Registration Authority means an individual that has been delegated responsibility by a Client Organization or the eHealth Ontario Certificate Authority for the performance of tasks associated with identifying, authenticating, registering, enrolling, and managing registrants who are within the scope of his or her authority as delegated by a Client Organization or the eHealth Ontario Certificate Authority. “**Certificate Authority**” or “**CA**” means an individual or group of individuals designated by eHealth Ontario that are responsible for the registration, service enrolment, and authentication services provided by eHealth Ontario to clients.

### As an LRA I will be obligated to:

1. Read and adhere to eHealth Ontario’s LRA Procedures Manual as amended from time to time.
2. Complete such training, including security and privacy training, related to eHealth Ontario’s registration and appointment processes and technologies used for authentication as eHealth Ontario may reasonably require and provide from time to time.
3. Take reasonable steps to keep my Authentication Credentials provided by eHealth Ontario secure and confidential at all times. “**Authentication Credentials**” means any credential including but not limited to a user identification, password, token, or any combination of these, that is issued by eHealth Ontario to an end user to allow the authentication of the end user’s identity to a system or application. I understand that I am responsible for any unauthorized or inappropriate use of my Authentication Credentials. Should I suspect or become aware that my Authentication Credentials have been compromised, or unauthorized access has been made of any computer terminal or other device connected to eHealth Ontario’s infrastructure, I will immediately notify eHealth Ontario by calling the support number provided by eHealth Ontario in the LRA Procedures Manual or by any other method set out in LRA Procedures Manual.
4. Read and abide by eHealth Ontario’s Acceptable Use Policy, as amended from time to time. A copy of eHealth Ontario’s current Acceptable Use Policy can be found at [www.ehealthontario.on.ca](http://www.ehealthontario.on.ca).
5. Not exceed the scope of authority delegated to me by eHealth Ontario including but not limited to registering and enrolling only individuals, (as defined in the LRA Procedures Manual) and Computer Applications (as defined in the LRA Procedures Manual) that have been sponsored and the identity of the individual or validity of the Computer Application, as the case may be, has been verified as set out in the LRA Procedures Manual.
6. Obtain any necessary consents required before collecting, using, or disclosing personal information as set out in the LRA Procedures Manual.

7. Safeguard confidential and personal information collected or received by me in connection with my duties as an LRA and meet privacy requirements as set out in the LRA Procedures Manual.
8. Perform my duties as an LRA fully, responsibly, and diligently, in a professional and competent manner.
9. Immediately notify a Local Registration Authority within my organization or eHealth Ontario when the organization identified below no longer requires me to act as an LRA or I no longer wish to act as an LRA for any reason.

**I understand that:**

- My appointment as an LRA is not approved unless eHealth Ontario provides me with Authentication Credentials signifying eHealth Ontario's acceptance of me as an LRA;
- eHealth Ontario may suspend me from acting as an LRA or terminate my designation as an LRA for any reason, including but not limited to, my failure to comply with the obligations set out above;
- My actions as an LRA may be subject to an audit from time to time to ensure compliance with the obligations set out above; and
- My appointment as an LRA is subject to the obligations set out above and by signing below I acknowledge that I have read and understand these obligations and commit to adhere to same.

Name of Organization	
LRA Signature	Witness Signature
Date	Witness Printed Name

**This form is intended for your review only. Acknowledgement is made via the ONE® ID system.**