

**Integrated Assessment Record (IAR)
User Authority Maintenance Request**

PURPOSE OF THIS FORM

Add, change or remove the User Authority (UA) by an existing UA or a senior staff with binding authority.

- The UA is responsible for authorizing the addition, update and removal of IAR User Accounts and Roles.
- The Health Service Provider (HSP) is requested to assign a minimum of two UAs for backup purposes.

Fields labeled with an asterisk (*) are required.

HSP INFORMATION

HSP Name*	<input style="width: 100%;" type="text"/>		
LHIN*	<input style="width: 95%;" type="text"/>	Facility ID*	<input style="width: 95%;" type="text"/>
HSP Address	<input style="width: 100%; height: 40px;" type="text"/>		

ADD USER AUTHORITY

Name*	<input style="width: 95%;" type="text"/>	
Email*	<input style="width: 95%;" type="text"/>	
Phone*	<input style="width: 95%;" type="text"/>	
		Signature Sample*

Name*	<input style="width: 95%;" type="text"/>	
Email*	<input style="width: 95%;" type="text"/>	
Phone*	<input style="width: 95%;" type="text"/>	
		Signature Sample*

CHANGE USER AUTHORITY CONTACT INFORMATION

Name*	<input style="width: 95%;" type="text"/>	New signature sample
New Name	<input style="width: 95%;" type="text"/>	
New Email*	<input style="width: 95%;" type="text"/>	New Phone* <input style="width: 95%;" type="text"/>

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Name*	<input type="text"/>	New signature sample
New Name	<input type="text"/>	
New Email*	<input type="text"/>	New Phone* <input type="text"/>

REMOVE USER AUTHORITY

Name*	<input type="text"/>	Email*	<input type="text"/>
Name*	<input type="text"/>	Email*	<input type="text"/>
Name*	<input type="text"/>	Email*	<input type="text"/>

DECLARATION

For the above-mentioned changes, an existing User Authority or a senior staff with binding authority **must sign** to authorize the change.

By signing this form, I approve the addition, change or removal of the User Authority role for the persons listed above. I understand that I am accountable for the validation of the business need of the role for the assigned persons.

I have verified the accuracy of the information provided herein.

- I am not a User Authority but I have binding authority for this organization.
- Please assign me the User Authority role.

Name*	<input type="text"/>		
Title	<input type="text"/>		
Email*	<input type="text"/>		
Phone*	<input type="text"/>	Ext:	<input type="text"/>

Signature*	<input type="text"/>	Date*	<input type="text"/>
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