



VIRTUAL CARE APPLICATION (Part I)
Virtual Care Program

Thank you for your interest in the Newfoundland and Labrador (NL) Virtual Care Program.

The Virtual Care Program offers private and secure video conferencing solutions for virtual clinical appointments. The virtual care video conferencing solutions available from the Virtual Care Program have been approved for delivering confidential health information. All virtual care solutions are monitored and updated to ensure clinical appointments are delivered securely.

To accurately support your needs, provide the following information, including your signature. Complete this electronic form and click "Submit Form" below once it is complete. Your application for access will be reviewed and someone from the virtual care team will reach out to review the recommended solution(s).

Name: _____
Telephone: _____
Department: _____
Job Title: _____

Work Email: _____
Zone: _____
Site: _____
Job Category: _____

1. Provide a brief description of your virtual care requirements:

- 2. Will patients/clients/residents be attending appointments from a healthcare facility (e.g., hospital, health center, clinic)? Yes No
- 3. Will patients/client/residents be attending appointment from home? Yes No
- 4. Do you **only** require access to schedule on behalf of a clinician? Yes No
- 5. Will you be hosting group sessions with clients/patients/residents? Yes No
- 6. Does your session require participants to be separated into groups (e.g. breakout rooms)? Yes No
- 7. Are you seeing patients from St. Pierre et Miquelon? (If Yes, scheduling privileges will be granted to services.francais@easternhealth.ca on your behalf) Yes No

Requester's Name: _____

Requester's Signature: _____

Date (YYYY/MON/DD): _____

FOR OFFICE USE ONLY -NL VIRTUAL CARE PROGRAM REVIEW			Approved for Recording: <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved for: _____			
Comments: _____			
Regional Telehealth Lead's Name: _____	Signature: _____	Date (YYYY/MON/DD): _____	
Virtual Care Program Manager's Name: _____	Signature: _____	Date (YYYY/MON/DD): _____	

Personal information and personal health information is collected and used under the authority of the *Access to Information and Protection of Privacy Act, 2015* and the *Personal Health Information Act* respectively, in order to deliver and manage the programs and services of NL Health Services. Additional information about your privacy rights can be found in the NL Health Services Privacy Notice <https://nlhealthservices.ca/privacy/>, or by contacting privacy@nlhealthservices.ca

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VIRTUAL CARE APPLICATION (Part II)
Virtual Care Program

Terms and Conditions of Use
Incomplete forms will not be processed. All fields are required

Summary

Newfoundland and Labrador Health Services (NLHS) is responsible for the deployment of virtual care solutions as part of the Provincial Virtual Care Program. These solutions include, but are not limited to, Cisco Jabber, Cisco Webex and Zoom for Healthcare. The following terms establish the acceptable use requirements for the virtual care applications.

NLHS, as custodian of these virtual care solutions, may revise these terms at its discretion, make revisions and communicate this information to users.

Scope

This policy is applicable to all users. Any individual who accesses or uses a virtual care application is considered a “user.”

Accountability

Each virtual care user is accountable for using the application and functionality in an appropriate manner including, but not limited to, being accountable for the authorization and usage of the solution. Appropriate use is outlined below and can also be found in the 'Virtual Care Solutions: Terms and Conditions of Use' document.

Users that are custodians according to the Personal Health Information Act (PHIA) remain accountable for the personal information in their custody or control.

Terms of Use

Access to virtual care solutions must be for the purpose for which users were provided access and as authorized under applicable legislation, policies, and standards of practice. If additional requirements are identified, please contact the NLHS Service Desk for assistance. **Based on current best practices, system accounts will be deactivated or deleted based on the Virtual Care Program’s review of inactivity. Therefore, if an account has not been used for at least once a month for three consecutive months, it is considered inactive and will be deactivated.**

Inappropriate and Unacceptable Use

- It is unacceptable to allow another person to use your credentials to access virtual care solutions unless a shared license has been approved by the Virtual Care Program. You are accountable for any actions performed on the virtual care application that has been assigned to you with your credentials.
- It is unacceptable to use another individual's assigned credentials to access a virtual care solution.
- It is unacceptable to improperly safeguard or unsafely dispose of Personal Health Information when no longer in use. For example, printed material must be shredded.
- It is unacceptable to make a video recording of a confidential appointment/meeting without proper approval from privacy.
- It is unacceptable to disable, override, or willfully bypass any information security control on the virtual care application.

Breaches of these Terms

Users must report all breaches of these terms to the privacy officer/manager of NLHS. NLHS reserve’s the right to investigate suspected breaches, and users and client organizations are expected to cooperate with these investigations. Breaches of these terms may result in revoking the virtual care license.

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**NL Health
Services**

VIRTUAL CARE APPLICATION (Part III) Virtual Care Program

Confidentiality and Acceptable Use

The information collected on this form will be used to support the operation of the Virtual Care Program, including user identification, account management and auditing. This information may also be used for planning and analytics purposes.

As a user of Virtual Care, you agree to:

- Comply with all statutory, regulatory and policy requirements to keep confidential any identifying information.
- Notify the NLHS Service Desk if you no longer require access to the Virtual Care Program.
- Review the available education and training material provided by the Virtual Care Program on an ongoing basis.
- Understand that unauthorized disclosure of identifying information obtained through virtual care may result in penalties as described in relevant legislation and/or termination of access.

This agreement outlines your responsibilities regarding the access, use and disclosure of the personal health information contained within the Virtual Care Program. Additional information on the Personal Health Information Act can be found at <http://www.health.gov.nl.ca/health/PHIA/>. By signing above, you agree that you understand and agree to comply with below terms/conditions and that all information provided during the registration process is accurate and true.

Acceptable Use: You agree to not access, collect, use, or disclose any clinical or other personal health information for any purpose or in any way other than those authorized under appropriate legislation, policies, and standards of practice. You agree that you will not use virtual care solutions for an illegal or improper purpose or take steps that would have a negative impact on the security, integrity or functioning of the virtual care solution.

Confidentiality: You agree to treat as confidential all information collected, used and disclosed in association with the virtual care solution, whether verbal or written, and will not participate in or permit the unauthorized release, publication or disclosure of that information to any person, corporation or other entity under any circumstances except as authorized by legislation, policies, and standards of practice.

Passwords: You agree to keep your password absolutely confidential- it is for your use alone. You agree not to distribute or share your username and password with anyone.

If your password becomes known: You agree that if you suspect someone else knows your password, you will notify the NLHS Service Desk at 1- 877-752-6006 or in person at 70 O'Leary Ave., St. John's as soon as possible and follow the instructions given to you by NLHS.

Your application will be processed within 1-5 business days. If you have not been contacted within this time frame, contact us as there may be an error with your application. Phone: 1-877-752-6006; Email: info.virtualcare@nlchi.nl.ca

Email all registration forms to info.virtualcare@nlchi.nl.ca

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