

Please scan and email completed form to:  
[servicedesk@manitoba-ehealth.ca](mailto:servicedesk@manitoba-ehealth.ca)

Incident #



## Access Request Form for Personally Owned Devices



<b>Part A</b>	<b>DEVICE INFORMATION</b>	<b>DATE OF REQUEST:</b>	
Device Phone #:		Device Make:	
User's Email Address:		Device Model:	
<i>DEVICE ID*</i> :	<p>* To obtain the DEVICE ID, you must first set up your corporate email on your device using the instructions at: <a href="http://services.manitoba-ehealth.ca/security-email-asfaq.html">http://services.manitoba-ehealth.ca/security-email-asfaq.html</a></p> <p>- Once your email is set up, your DEVICE ID will be emailed to you from <i>Microsoft Outlook</i>.</p>		
<b>Part B</b>	<b>USER INFORMATION</b>		
Organization Name:			
User's Name:		User's Title:	User's Contact #:
Department:		Organization Address:	
Requester's Name: <i>(if different from user)</i>		Requester's Phone #:	
<b>Part C</b>	<b>RATIONALE FOR REMOTE NETWORK ACCESS</b>		
<i>As per <a href="#">WRHA Policy 10.20.025</a> all remote access requests must be pre-approved by the requester's Manager/Director.</i>			
Rationale for request			
<b>Part D</b>	<b>APPROVAL SIGNATURE</b> <i>Approves requester's network access on a personal device.</i>		
<b>Manager/ Site Director Approval</b>			
Print:			
Date:			
Signature:			
<b>Part E</b>	<b>INTERNAL USE ONLY</b>		
<b>Manitoba eHealth ICT Client Services Approval</b>			
Print:	Date:	Signature:	

**Please complete the form in its entirety.  
 Incomplete forms will be sent back to the requestor and will result in processing delays.**

## **NETWORK ACCESS COMPLIANCE STATEMENT**

**Note:** This form is intended for both corporate iPhones and personal devices.

**Please complete both approved documents when submitting to the Manitoba eHealth Service Desk. Once the completed form has been received, you will be eligible to have your device connected to the WRHA network.**

By signing my name below, I acknowledge and agree to the following:

1. I acknowledge the paramount importance of the security of the WRHA network and computer systems. I recognize that, in order to maintain that security, if a breach should be found originating from my device, network access for my device may be disabled without prior notification.
2. I pledge to follow WRHA policy and maintain a minimum password of **six (6) digits** on my device while Manitoba eHealth network access is maintained on it.
3. I will be allowed 10 password login attempts before my device is wiped.
4. While I have access to the WRHA network, my device will be restricted to a ten-minute timeout password lock.
5. Due to the nature of remote access technology, Manitoba eHealth will **not** assume end-to-end responsibility for the availability of network access on personally owned devices. Therefore:
  - Manitoba eHealth will **only** provide troubleshooting support for remote network access and will **not** support my personally owned hardware.
  - From time to time, security settings are subject to change. Manitoba eHealth will make its best effort to inform me of the changes in a timely manner.
6. Without exception, my device will be governed by all WRHA policies, Manitoba eHealth standards and guidelines surrounding the protection of personal health information, personal information, corporate information and intellectual property.
7. I am responsible for notifying the Manitoba eHealth Service Desk at 204-940-8500 if I no longer require network access on my device, if I upgrade my device or if I leave the organization.
8. I am responsible for regularly backing up my personal pictures/contacts. Manitoba eHealth is not responsible for the retrieval of personal data (personal contacts/pictures).
9. I will not back up/copy corporate data to any storage solution. This includes but is not limited to personal computers, thumb drives or Cloud services.
10. In case of theft and/or loss of my device, I will immediately notify the Manitoba eHealth Service Desk at 204-940-8500 in order to disable network access to my device.
11. Manitoba eHealth will immediately wipe my device back to manufacturer state (including the wiping of personal pictures/personal data) in the event that my device is lost or stolen or in the case of employee dismissal from the WRHA.

*Network Access Compliance Statement - continued*

12. Manitoba eHealth will proactively check the network activity of my device; if my device is found to be inactive for more than 90 days, it will be locked out from network access. I will contact the Manitoba eHealth Service Desk if I require my device to be reconnected.
13. From time to time, I will be asked to re-enrol my device on the network. Manitoba eHealth will do its best to communicate this change as necessary.
14. On an annual basis, Manitoba eHealth will distribute a list of all end users with access to the network; each organization will be asked to validate existing users of this service.

**POLICY REFERENCES:**

**Use of Portable Electronic Devices and Personal Computers Policy (WRHA Policy 10.20.025)**

**Computer/Internet Use Policy (WRHA Policy 70.20.010)**

**Information Technology Security Policy (WRHA Policy 70.30.010)**

**Wireless Local Area Network Technology (WRHA Policy 70.30.020)**

**I, as the intended user of remote access on my personal and/or corporate device, have read and understand the above statement.**

Name: (print) \_\_\_\_\_ Signature: \_\_\_\_\_

Date (yyyy/mm/dd): \_\_\_\_\_

**SITE MANAGER/DIRECTOR**

Name: (print) \_\_\_\_\_ Signature: \_\_\_\_\_

Date (yyyy/mm/dd): \_\_\_\_\_

***INTERNAL USE ONLY***

*MANITOBA EHEALTH ICT Client Services Director*

Name: (print) \_\_\_\_\_ Signature: \_\_\_\_\_

Date (yyyy/mm/dd): \_\_\_\_\_