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| **CBI Reports User Access Form**  For health service providers who are uploading to the Toronto Central LHIN Community Business Intelligence (CBI)  This form is to be used to identify users to access the CBI reports portal. Please ensure Organization and user information is accurate and complete.  Please complete this form electronically and email to [cbisupport@reconnect.on.ca](mailto:cbisupport@reconnect.on.ca) For further information or questions contact [cbisupport@reconnect.on.ca](mailto:cbisupport@reconnect.on.ca) | | |
| **Section A – Organization Information** | | |
| Organization Name:  Click here to enter text. | | Org ID/MIS ID/Master ID (if known)  Click here to enter text. |
| **Section B – CBI Report User Information** | | |
| First Name  Click here to enter text. | | Last Name  Click here to enter text. |
| Role  Click here to enter text. | | Phone Number  Click here to enter text. |
| Email  Click here to enter text. | | |
| **Section C - Authorization** *The Executive Lead must authorize the CBI Reports Users to be created* | | |
| The designated CBI reports user is aware of this organization's obligations as a Health Information Custodian and will not use or share the information in these reports to attempt to re-identify individuals. | | |
| First Name  Click here to enter text. | Last Name  Click here to enter text. | |
| Email  Click here to enter text. | Phone Number  Click here to enter text. | |