



In a mission to **GO GREEN**, PROMIS Support accepts only forms in PDF format that were completed electronically and sent by email.

Responsibilities of a Signing Authority

This form is intended to have a signature and information on file about the approved Medical Directors, Managers or Secondary and Alternate Approvers who will be authorizing PROMIS user account forms for users within their program area, in which the approver is responsible.

The Medical Director/Manager is responsible for approving access to Patient Record Outcome Management Information System (PROMIS) on behalf of the British Columbia Provincial Renal Agency (BCPRA) and BC Transplant (BCT). Approvers shall advise their staff to complete the Confidentiality Agreement and User Account Request forms for any new, changed or canceled accounts. The current Confidentiality Agreement and User Account Request forms can be found on the PROMIS portal.

In compliance with PROMIS privacy policies, Primary and Secondary Approvers are required to review and confirm bi-annually their entire centre's current active users. The centre list(s) can be found in PROMIS under the menu heading of PROMIS 4 > Maintenance > User Access Review. Primary and Secondary Approvers are required to review their centres list(s) and let PROMIS Support staff know of any changes or deactivations.

To be added as PROMIS Signing Authority (Authorized Approver):

1. Download or open the PROMIS Signing Authority form.
2. Fill out the form on a computer and digitally sign by entering first and last name.
3. Send the completed version of the form to an authorized approver for your location.
A new Secondary Approver can be authorized by a Primary Approver. A new Primary Approver can be authorized by another Primary Approver who is at the same management level or higher. However, if a new Primary Approver is at a higher level than the other Primary Approvers, then the form can be returned to be authorized by the PROMIS Privacy Officer or Operations Director.
4. The authorized approver reviews the form and digitally signs it by entering their name.
5. The authorized approver sends the form to PROMIS Support at support@bcpra.ubc.ca.
6. PROMIS Support will add authorized approver to PROMIS portal's Authorized Signing Authority list.

Contacting PROMIS Support

For more information about this form or roles and responsibilities associated with being an authorized signer, contact PROMIS Support.

Email support@bcpra.ubc.ca Phone (604) 806-8868 Toll-Free (855) 806-8868 Fax (604) 806-8849 PROMIS Support is available Monday through Friday from 8am to 5pm, excluding statutory holidays.



Authorized Approver for PROMIS User Accounts

I, signed below, am responsible for providing approval to access patient information for PROMIS users

New

Change

Cancel

As Primary Approver
Program/Medical Director or Manager
accountable for privacy and security of patient data.

As Secondary Approver
Leaders designated by Primary
Approver for specific location(s).

Alternate Approver for: _____
Temporary delegate designated by
Primary or Secondary approver.

Start Date: _____ End Date: _____

Name - First: _____ Middle: _____ Last: _____

Work Phone: _____ Extension: _____

Work Email: _____

Work Location (hospital, clinic): _____

Position / Title: _____

Signing Authority for following location(s): _____

Oversee Programs/Clinics: _____

Notes/Comments: _____

Signature: _____ Date signed: _____

Authorized by:

A new Secondary Approver can be authorized by a Primary Approver. A new Primary Approver can be authorized by another Primary Approver who is at the same management level or higher. However, if a new Primary Approver is at a higher level than the other Primary Approvers, then they can be authorized by the PROMIS Privacy Officer or Operations Director.

Name/Signature: _____ Date signed: _____

This form must be received by PROMIS support from the Primary Authorized Approver.

Please email the completed form to support@bcpra.ubc.ca.