**CritiCall Ontario Secure File Transfer Portal (SFTP)**

**User Registration and Status Change Form**

CritiCall Ontario Secure File Transfer Portal (SFTP) is a web based, password protected portal that provides access to specialty reports containing Personal Health Information (PHI).

|  |
| --- |
| **Instructions**  |
| **Form Completion**: * Approving LRA Information section must be completed in full.
* User Information sections are required in full for each account being requested.

**Form Submission:*** The completed form must be submitted from the LRA’s hospital email address to SFTPhelpdesk@criticall.org
* New SFTP Users will receive login instructions directly from CritiCall Ontario’s Help Desk.

*To find out who the LRAs for your hospital are, please contact* Helpdesk@criticall.org*.* |
| **Approving LRA Information** |
| First Name       | Last Name       |
| Job Title  |
| Business Telephone *(include ext.)***(   )** | Business Email       |
| Hospital Corporation Name/Site *(e.g., ABC General Hospital)*  |
| **LRA Authorization Date (please enter today’s date YYYY-MM-DD):**       |

|  |
| --- |
| **User 1** |

|  |  |
| --- | --- |
| First Name       | Last Name       |
| Job Title  |
| Business Telephone *(include ext.)***(   )** | Business Email       |
| Hospital Corporation Name/Site *(e.g., ABC General Hospital)*  |
| **SFTP Report Name User Requires Access to:**        |
| [ ]  **Request Access** | [ ]  **Suspend Access** | [ ]  **Revoke Access** |

|  |
| --- |
| **User 2**  |

|  |  |
| --- | --- |
| First Name       | Last Name       |
| Job Title  |
| Business Telephone *(include ext.)***(   )** | Business Email       |
| Hospital Corporation Name/Site *(e.g., ABC General Hospital)*  |
| **SFTP Report Name User Requires Access to:**        |
| [ ]  **Request Access** | [ ]  **Suspend Access** | [ ]  **Revoke Access** |

|  |
| --- |
| **User 3**  |

|  |  |
| --- | --- |
| First Name       | Last Name       |
| Job Title  |
| Business Telephone *(include ext.)***(   )** | Business Email       |
| Hospital Corporation Name/Site *(e.g., ABC General Hospital)*  |
| **SFTP Report Name User Requires Access to:**        |
| [ ]  **Request Access** | [ ]  **Suspend Access** | [ ]  **Revoke Access** |

|  |
| --- |
| **User 4**  |

|  |  |
| --- | --- |
| First Name       | Last Name       |
| Job Title  |
| Business Telephone *(include ext.)***(   )** | Business Email       |
| Hospital Corporation Name/Site *(e.g., ABC General Hospital)*  |
| **SFTP Report Name User Requires Access to:**        |
| [ ]  **Request Access** | [ ]  **Suspend Access** | [ ]  **Revoke Access** |