



# Individual Reregistration and Service Enrollment / Account Reactivation Form

## Form Instructions

**Note: When reregistration is completed, handle all original forms in accordance with your organization’s privacy, security & document management policy. For details on the form, review the form reference.** The registration system is managed by Queensway Carleton Hospital (QCH). The Agency collection of information about identifiable individuals (“**personal information**”) is governed by the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31 (the “Act”). Under the Act, the Agency may collect personal information whenever the collection is necessary for the proper administration of the Agency’s authorized activities.

**The purpose of this collection is to reregister persons to use the Agency’s information infrastructure, to verify the identity of persons reregistering or reregistered to use the Agency’s information infrastructure, and to maintain and administer the reregistration of such persons.** The collection, use, and disclosure of personal information for these purposes is expressly authorized by s. 16, Ontario Regulation 43/02 made under the Development Corporations Act, R.S.O. 1990, c. D.10.

Questions? Please contact [support@shiip.ca](mailto:support@shiip.ca)

\* Indicates a required field

## IA - Account Details

SHiIP Username \*

Organization Name \* (e.g., Twin Falls Health Sciences Network)

Location Name (e.g., ABC General Hospital)

Please indicate date of Reactivation \* (yyyy-mm-dd)

Recent Privacy Training (yyyy-mm-dd)

**Note: Once the account is Reactivated, the identified user will be able to access SHiIP using their previous credentials. Please contact [support@shiip.ca](mailto:support@shiip.ca) if a password reset is required.**

LRP/LRA Name \* (please print )

LRP/LRA \* (signature)

Date Signed \* (yyyy-mm-dd)