|  |  |
| --- | --- |
| Public Health Sudbury & Districts logo | **Primary Care\* Registry** |

The purpose of the Primary Care Registry is to identify local primary care\* practitioners who would be willing to participate in COVID-19 vaccination clinics led or supported by Public Health Sudbury & Districts. These could be mass immunization clinics for identified eligible recipients or mobile clinics hosted in locations where people live or congregate (e.g. LTCH, shelters). Individuals who are registered agree to be contacted by Public Health to schedule their participation in clinics, pending availability. Public Health Sudbury & Districts commits to ensuring the Registry information is kept confidential and is used only for the purpose described herein.

\*For the purpose of the Registry, *primary care* is defined as health professionals who have the authority to administer COVID-19 vaccine without a medical directive (i.e. MDs, NPs, RNs and RPNs, pharmacists, pharmacist interns, registered pharmacy students or pharmacy technicians).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Contact Information (Individual primary care provider or organization)** | | | | | |
| Last Name | First Name | | | | |
|  |  | | | | |
| Address | | City | | Province | Postal Code |
|  | |  | |  |  |
| Email Address | | | Phone Number | | |
|  | | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Availability** | | | |
| Start Date  (yyyy-mm-dd) | End Date  (yyyy-mm-dd) | Days of the Week/Time of Day  (e.g. Tuesdays and Thursdays 5 to 9 p.m.) | |
|  |  |  | |
| Is this registration as part of an organization or as an individual?  Individual  Organization | | | |
| Name of organization (if applicable): | | | Number of staff potentially available: |
|  | | |  |
| Sector Preference (check all that apply) | | | |
| No Preference  LTC/Retirement Homes  Mass Immunization Clinics  Home Care Recipients  Mobile Clinic  First Nation  Community Facility  Practice Setting | | | |
| Geographic Area (check all that apply) | | | |
| City of Greater Sudbury  Chapleau  Sudbury East  Espanola  Manitoulin Island (east)  Manitoulin Island (west)  Manitoulin Island District  Foleyet  Gogama | | | |

The information gathered in this form will be used to develop a Primary Care Registry for primary care providers that are willing to administer vaccinations. The information will be stored and accessed to determine scheduling of the COVID -19 vaccination delivery clinics and for required statistical purposes. If there are any questions about this, please contact the Public Health Sudbury and Districts Privacy Officer at 705.522.9200.

By completing and submitting this information you are acknowledging that you are qualified to administer vaccinations, a member in good standing with your respective regulatory body, will be providing services under your own authority and understand and accept that your information will be used as identified above.

Public Health Sudbury & Districts will maintain, as required, a record of each vaccination site where we have deployed primary care providers to render services. This information must be made available to the ministry upon request. Primary care provider service claims may be ineligible for payment unless this information is maintained and available upon request.

Please see page 2 for the confidentiality agreement.

|  |  |
| --- | --- |
| Public Health Sudbury & Districts logo | **Confidentiality Agreement** |

I,      , state for the duration I am at the Public Health Sudbury & Districts and ***thereafter***:

|  |  |
| --- | --- |
|  | That I will maintain and aid in maintaining the confidentiality of all client and Public Health Sudbury & Districts records; |
|  | That I will also maintain and aid in maintaining the confidentiality of all other client and Public Health Sudbury & Districts information obtained in the tenure of my relationship with Public Health Sudbury & Districts; |
|  | That I will neither attempt to obtain nor communicate any client or Public Health Sudbury & Districts information not directly related or necessary to fulfill the requirements of my position/service at Public Health Sudbury & Districts; |
|  | That I will return **all files and documents** (electronic and paper), property of Public Health Sudbury & Districts, in my possession at the completion of my term at Public Health Sudbury & Districts; |

|  |  |
| --- | --- |
| **Date:** |  |

|  |  |
| --- | --- |
| **Signature:** | Or  Checked box substitutes for my signature.  \* If checked, this form must be submitted directly from the signee’s email account. |

**Send completed form to** [**hr@phsd.ca**](mailto:hr@phsd.ca)**.**