



# eVitals Guide

## Organization Registration for a Keystone ID Business Partner Account



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### Business Partner Organization Registration

This guide outlines the process for each organization to register the organization and/or facility in the Commonwealth's Keystone Identity Manager System.

An authorized representative of your organization should complete the business partner organization registration listed at (<https://www.hhsidm.state.pa.us/iam/im/businesspartnerspub/ca12/index.jsp?task.tag=RegisterOrganization&application=PAVRMS>).

This organization registration is a one-time enrollment process for your organization. Your organization registration must be completed and approved **before** users of the facility may begin to request user accounts.




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## Business Partner Organization Registration

**Note:**  
If you are licensed healthcare system and have completed an eVitals Facility Registration Form, then your organization is already registered in eVitals.

**Tips:**

- Before registering your organization, have your work email address and your organization's 9-digit Organization Tax ID/Federal Employer Identification Number (FEIN) available.
- If you represent a midwifery practice and that practices does not have an Organization Tax ID/FEIN, then enter the SSN of the individual responsible for the midwifery practice.




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## Business Partner Organization Registration

The next two slides provide instructions in completing the organization's profile. Complete all required fields (which have a \* before the field name).





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## Business Partner Organization Registration

The **Contact Person** should list the contact information of an authorized representative for this facility.

Under **Brief Explanation**, enter information about your organization's requirement to report vital record information to the Department of Health.

**Contact Person Information**

• First Name

• Last Name

• Email Address

Enter your Organization Email Address, maximum of 50 characters.

• Primary Phone

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**Brief Explanation**

• Brief explanation

Please provide a brief explanation describing why you need to register the organization. If registration is required due to the nature of your job, please provide an overview of your job along with the table and/or duties you need to complete through the use of this application. Please note that the brief explanation you provide will be considered by the approver when reviewing your request.

Remaining Characters: 483


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For security reasons, please answer the following question:

Question: How many colors in the last Thursday, face and green?

Answer:

**NEXT** **CANCEL**



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## Business Partner Organization Registration

Read and accept **Pennsylvania's eVitals User Agreement and Confidentiality Policy** and provide your electronic signature by entering your full name. When complete, click **Finish**.

**Register Organization: Data Release Agreement**

1 Organization Profile      2 Data Release Agreement

**Data Release Agreement**

Below is the eVitals User Agreement and Confidentiality Policy. You must read and accept the terms and conditions of this agreement.

eVitalsUserAgreement... 1 / 2      50%

Before submitting the Organization Registration Request, you must provide an e-Signature.

**What is an e-Signature?** - Signatures can be defined as any electronic process of signifying your approval, typically done by typing your name in a specific field as a digital signature.

**Certification and Authorization for a Signature**

I certify to the best of my knowledge that I understand my rights and responsibilities. I certify that all information in this application is true and correct under penalty of perjury.


• Data Release Agreement  I have read and accept all the terms and conditions of this agreement.  I do not accept the terms and conditions of this agreement.

I understand that by entering my name in the field below, this acts as my legal signature. I accept the terms and conditions of the Data Release Agreement above.

• Full Name

Your Full Name must be identical in all the future "Name" fields and be in the format (e.g. John Doe).

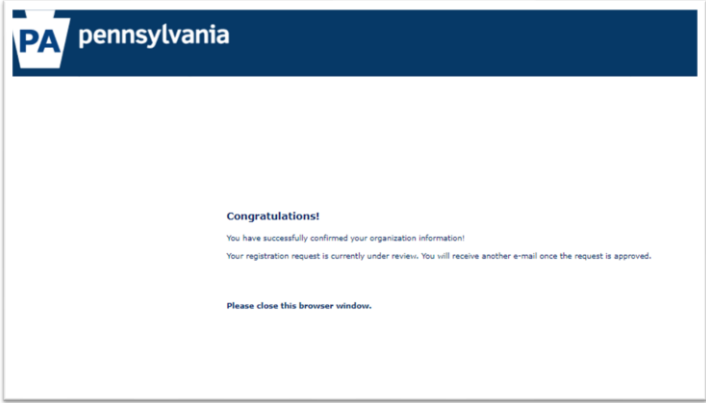
**BACK** **FINISH** **CANCEL**




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## Business Partner Organization Registration

View the confirmation page to verify your registration request was successfully submitted. Then you may close the page.




The screenshot shows a confirmation page with the Pennsylvania Department of Health logo at the top. The main text reads: "Congratulations! You have successfully confirmed your organization information! Your registration request is currently under review. You will receive another e-mail once the request is approved. Please close this browser window."




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## Business Partner Organization Registration

You will receive a confirmation email (which is sent to the email address provided during registration). This confirms that your request is under review.



The screenshot shows an email with the subject "Submitted Register Organization Request". The sender is "automatedmail@DONOTREPLY@pa.gov" and the recipient is "Shaw, Michael". The body of the email states: "Thank you for submitting a Register Organization request with the Commonwealth of Pennsylvania. Your request is currently under review. What happens next? Once approved, you will receive an email confirming your organization is registered. You will then be able to register for your Business Partner ID (B-) in this organization to access eVitals application."



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## Business Partner Organization Registration

After your organization’s registration request has been processed, you will receive an email confirming that your request was approved (or rejected). Please allow 1-3 business days for your organization’s registration to be reviewed and approved.

