

CAMH TeleMental Health Services – Clinical Scheduling Tip Sheet (Admin)

1. Complete the Clinical Scheduling Registration Form below
** Please complete the form using your CAMH email address and send completed form to TeleMentalHealth@camh.ca **

NEW: SCHEDULING IN I-CARE

Books Appointment

Interpreter Requested?:

*Contact Type:

- Phone / E-mail
- Face to face
- Phone / E-mail
- Video - OTN**
- Video - Webex
- Physician Case Consult – Face to Face
- Physician Case Discussion - Pt Not Seen

Move

Next

Clear



Scheduling in I-CARE will remain the same with the exception of Contact Type.

IMPORTANT: Select “Video-OTN” when scheduling a TeleMental Health appointment.

OTN Clinical Scheduling – New User Application Form	
Field	Response
*Profession - Please confirm one: Physician, Nurse, Allied Health Professional, Telemedicine Coordinator: Clinical, Telemedicine Coordinator: Non-Clinical, Technical Support, Organizational Administration	Telemedicine Coordinator: Clinical
Salutation - Please select one: Dr, Miss, Mr, Mrs, Ms	
*Legal First Name	
*Legal Last Name	
Middle Initial	
*Email	
*Phone & extension	
What Service Would you like to get started with? (eVisit, eConsult, Scheduling, Telederm, Home Video Visits, Specialists & Services Directory)	Scheduling
*Do you have a ONE ID account?	
If yes, what is your ONE ID username? (xxx.xxx@oneid.on.ca)	
Delegation Authority – The system(s) you will be scheduling on behalf of (e.g. if a consultant has a PCVC system, you will need to be authorized as a delegate to schedule appointments on their behalf)	Please refer to instructions below.

Requesting Delegate Access

Clinical schedulers must be added as delegates to OTN systems in order to schedule on them. Once you're scheduling account is set up, email the template below to telementalhealth@camh.ca. You will need to complete the **red text** with your name + email and the doctor's name.

TO: telementalhealth@camh.ca

Subject: Delegate Access

Hello,

Please provide **First Name, Last Name (Email)** delegate access to schedule on behalf of:

- All TOR_CAMH_0079_COL cameras
- All TOR_CAMH_0132_QUE cameras
- Dr. **First Name_Last Name**_PCVC (CAMH)