

PPN Firewall Change Request Form

Complete this form if you have a clinical need to use an application not currently allowed through the PPN firewall. A list of “allowed applications” is in Appendix B of the PPN Technical Reference document. Please read section 1.5 of the PPN Technical Reference for more information before you complete this document.

Note: The information in this document does not apply to practices connecting to the PPN through a gateway at their local Health Authority (including Northern Health Physician Connect Network and Vancouver Coastal Health’s Diamond Centre). These practices should, instead, refer to the “*PPN Health Authority Gateway Primer*” and dialogue directly with their Health Authority for any requests for changing firewall rules with their network.

Complete details on the Private Physician Network are available on the PITO website at www.pito.bc.ca under its ‘Document Library’ section.





For security purposes, TELUS manages a firewall within the PPN that controls Internet destined traffic that passes in and out of the PPN. The Ministry of Health Services has provided firewall rules to TELUS to determine which traffic is allowed and denied. The firewall rules allow for standard Internet traffic over HTTP (port 80) and HTTPS (port 443), along with PITO qualified EMR vendor applications, Health Authority portals and Email clients.

Although the firewall has been set up with your practice needs in mind, you may need to use an Internet based application not currently supported by the existing PPN firewall rules. To request adding an application, complete this form and email it to hlth.PPNadmin@gov.bc.ca. All requests are assessed by the Ministry to ensure they do not pose an unacceptable security risk to the PPN network. You can expect a response within 5 days.

Private Physician Network Firewall Access Request	
Requestor Name and Title:	Request Date:
Contact Name and Title: (if not same as Requestor)	
Contact Phone #:	Contact Email:
Practice Name:	Practice Address:

Firewall access for up to 4 separate applications can be requested on the following [page](#).

Application Name:		Port and Protocol: (if known)	
Target Server: (Domain name or IP Address)			
Describe clinical requirement:			
Application Name:		Port and Protocol: (if known)	
Target Server: (Domain name or IP Address)			
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Target Server: (Domain name or IP Address)			
Describe clinical requirement:			
Application Name:		Port and Protocol: (if known)	
Target Server: (Domain name or IP Address)			
Describe clinical requirement:			
For Ministry of Health Services Use			
Approved		Not Approved	
Date	eHealth Director Name	eHealth Director Signature	
Comments:			

