

**IAM Connect
Healthcare realm client registration request form
Version 2.1**

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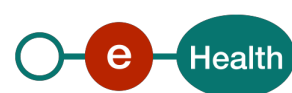
eHealth platform

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1. Document management

1.1 Document history

Version	Date	Author	Description of changes / remarks
1.0	July 2024	eHealth platform	Initial version
1.1	07/07/2021	eHealth platform	§3.1 Contact
1.1_bis	19/12/2023	eHealth platform	Creation of a specific version of the template, intended for IAM Connect on-boarding of partners that want to connect to the Flemish vault Vitalink.
2.0	1/9/2024	eHealth platform	Complete re-design of the form. Temporary version to cater specifically for the NOV 2024 FHIR-a-thon (clients connecting to UHMEP), which will afterwards evolve towards a definitive generic IAM Connect onboarding form.
2.1	06/12/2024	eHealth platform	Adaptation of the form to position it as the new generic IAM Connect client registration form.



2. Purpose and procedure

2.1 Introduction

IAM Connect is the standard identity and access management solution provided by the eHealth Platform, to be used in web applications and RESTful web services.

This document allows you, as an integrator of the IAM Connect service, to have a new IAM Connect client configured at eHealth, or to have an existing IAM Connect client modified.

2.2 Purpose of this document

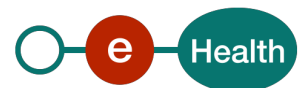
The purpose of this document is to provide a form by which you as an integrator of IAM Connect can request a new client or request the modification of an existing one, as well as to provide clear instructions on how to use this form.

2.3 Procedure

As an integrator wishing to integrate the IAM Connect service, you are requested to **contact the eHealth platform in advance to enquire about the terms and conditions that apply** via the contact page of the eHealth website. Only after that prior contact can you make your request for IAM Connect client registration.

eHealth certificate

An IAM Connect client, if it is of the “confidential” type, is always linked to an eHealth certificate of the “organization” type. Before starting the on-boarding procedure, it is therefore important to ensure that your organization has a valid eHealth certificate. If not, you must first apply for it, via the eHealth website.



3. Required information for on-boarding

Information (fields with an * are mandatory)	Explanation and allowed values	Value (to be filled out)
General client information		
Request date *	Please state the date on which you are submitting this request form.	[submission date]
Partner organization *	Please state the full name of the partner organization that is requesting the IAM on-boarding.	[your organization name]
Contact person *	<p>Please state the full name, email address and phone number of the person that may be contacted by eHealth for information on the on-boarding request.</p> <p>Note that this contact person may be contacted for questions related to business- as well as technical aspects, so the contact person is expected to coordinate with all relevant departments within your organization.</p>	<p>Name:</p> <p>Email address:</p> <p>(Feel free to add additional email addresses or a group mail address in case more people need to be kept informed.)</p> <p>Phone number:</p>
Brief description of the purpose of your application and of the requested client. *	Please describe briefly what the purpose of your application is.	[description here]
Public or confidential client? *	<p>Please indicate which of the two available authentication flows your application uses (select only one option):</p> <p>Public client: Your application is either a distributed software, or a webapp that runs 100% on the client of the end user. (It is not possible in this case to generate a private key to authenticate the application.) The user authenticates directly with eHealth IDP and FAS. Authorization code flow: PKCE integration.</p> <p>Confidential client: Your application runs partly on the server(s) of a</p>	<p><input type="checkbox"/> Public client</p> <p><input type="checkbox"/> Confidential client</p>



	recognized partner organization (private keys are used to authenticate the application). The user authenticates directly with eHealth IDP and FAS. Authorization code flow: an access token is sent by the client-component to the server-component of the recognized organization.	
Client ID *	<p>The IAM client ID is the unique identifier of the IAM Connect client configured by eHealth for the partner.</p> <p>In case the partner organization already has an existing IAM Connect Healthcare client, the partner can choose (or not) to request for the existing client to be re-used and adapted. (In some cases, though this is not possible, and in that case, eHealth will have to configure a new client.)</p>	<p><input type="checkbox"/> My organization has an existing IAM Connect Healthcare client, and we want to re-use this existing client. The client ID to re-use is</p> <p>[Client ID:]</p> <p><input type="checkbox"/> My organization does not have an existing IAM Connect Healthcare client, or it does, but we do not want to re-use that existing client. We request a new client to be configured, and we have no preference for the client ID.</p>
Scopes	<p>Scopes are boundaries that are defined to technically limit the use of the IAM client to the purpose/application for which it is requested.</p> <p>In case your request for an IAM client is in the context of an onboarding procedure for a specific application, check the onboarding documentation of that application for guidelines on scopes to be filled out in this field. If the documentation mentions no scopes, leave the field empty.</p>	[scope names here]
Redirect URI *	To redirect the user after a successful authentication, a valid redirect URI is needed in the configuration. This URI is also used for redirecting the user after a logout.	[state here the redirect URI for the application]
Optional URL's	The following URL's can, if available, be added to the client configuration:	<input type="checkbox"/> Yes, I want a root URL to be added to the configuration: [state that URL here]



	Root URL, Base URL Please note that ONLY ONE URL may be added for each of these.	<input type="checkbox"/> Yes, I want a base URL to be added to the configuration: [state that URL here]
Credentials eHealth certificate JWKS: only to be filled out if you have selected the option “Confidential client” higher in this form. (This information does not apply to public clients.)		
Type *	Please specify the type of identifier mentioned in your eHealth certificate.	<input type="checkbox"/> EHP (EHP institution) <input type="checkbox"/> EHP-CTRL_ORGANISM (control organism) <input type="checkbox"/> CBE (institution) <input type="checkbox"/> CBE-CONSORTIUM (consortium) <input type="checkbox"/> CBE-TREAT_CENTER (treatment center) <input type="checkbox"/> NIHII-AMBU_SERVICE (ambulance service) <input type="checkbox"/> NIHII-END-CAREER <input type="checkbox"/> NIHII-GROUP_DOCTORS (group of doctors) <input type="checkbox"/> NIHII-GROUP (group of nurses) <input type="checkbox"/> NIHII-GUARD_POST (guard post) <input type="checkbox"/> NIHII-HOME_SERVICES (home care services) <input type="checkbox"/> NIHII-HOSPITAL (hospital) <input type="checkbox"/> NIHII-ICP (integrated project) <input type="checkbox"/> NIHII-LABO (laboratory) <input type="checkbox"/> NIHII-LEGAL_PSY (legalpsy) <input type="checkbox"/> NIHII-MEDICAL_HOUSE (medical house) <input type="checkbox"/> NIHII-OF_BAND (office bandagist) <input type="checkbox"/> NIHII-OFFICE_DOCTORS (office doctor) <input type="checkbox"/> NIHII-PALLIATIVE_CARE (palliative care) <input type="checkbox"/> NIHII-PHARMACY (pharmacy) <input type="checkbox"/> NIHII-OTD_PHARMACY (pharmacy OTD) <input type="checkbox"/> NIHII-PROT_ACC (protect accommodation)



		<input type="checkbox"/> NIHII-PSYCH_HOUSE (psychiatrist house) <input type="checkbox"/> NIHII-REEDUCATION (reeducation) <input type="checkbox"/> NIHII-RETIREMENT (retirement home) <input type="checkbox"/> NIHII-SORTING_CENTER (sorting center)
Identifier *	Please state the value of your certificate identifier (string value).	[identifier]
Application ID	If your eHealth certificate contains an application ID, please state it here. If not, leave this field empty.	[application ID (if available)]

Please carefully double-check the values you filled out above to avoid errors (once your client's configuration is done, these are more difficult to correct).

