IAM Connect
Healthcare realm client registration request form
Version 2.2

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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.
2.2	30/04/2025	eHealth platform	Introduction of target groups information: Selection of the target groups in the form + reference table for professional target groups as annex.

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.

For all IAM Connect clients within the healthcare realm, the addendum under chapter 5 needs to be filled out and signed by the CEO of the organization (or any person that can represent this organization) that is requesting the IAM client configuration.

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 *	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. 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.	Name: Email address: (Feel free to add additional email addresses or a group mail address in case more people need to be kept informed.) Phone number:
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]
Application(s) for which onboarding is requested	In case you make your request for the configuration of an IAM Connect client in the context of the "**Customer Onboarding**" process, please indicate in this field for which application(s) you wish to onboard.	☐ **eHealth Box** ☐ **RCT** ☐ **Vitalink** ☐ **Vaccinnet** ☐ **Vaccicard** ☐ **RSW** ☐ **RSB**

		☐ **UHMEP**
		☐ **PSS**
Public or confidential client? *	Please indicate which of the two available authentication flows your application uses (select only one option): **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. **Confidential client**: Your application runs partly on the server(s) of a 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.	☐ **Public client** ☐ **Confidential client**
Client ID *	The IAM client ID is the unique identifier of the IAM Connect client configured by eHealth for the partner. 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.)	☐ 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 **[fill out the client ID here]** ☐ 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.
Scopes	Scopes are boundaries that are defined to technically limit the use of the IAM client to the purpose/application for which it is requested.	**[scope names here]**

	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.	
IAM Connect Token Exchange	I this field, indicate whether you want to make use of the eHealth IAM Connect Token Exchange service, in order to exchange your IAM Connect REST token for another IAM Connect REST token with a different scope. Please note that in order to use this service, you need to have two security-related documents signed by a person who can represent your organization: The security commitment (link) The "annex A" of the security commitment (link) Both documents need to be signed and delivered to eHealth together with this form.	☐ **Yes, I want the IAM Connect Token Exchange service to be configured for my client**
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: Root URL, Base URL Please note that ONLY ONE URL may be added for each of these.	☐ **Yes, I want a root URL to be added to the configuration: [state that URL here]** ☐ **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.	☐ EHP (EHP institution) ☐ EHP-CTRL_ORGANISM (control organism) ☐ CBE (institution) ☐ CBE-CONSORTIUM (consortium) ☐ CBE-TREAT_CENTER (treatment center) ☐ NIHII-AMBU_SERVICE (ambulance service) ☐ NIHII-END-CAREER ☐ NIHII-GROUP_DOCTORS (group of doctors) ☐ NIHII-GROUP (group of nurses) ☐ NIHII-GUARD_POST (guard post) ☐ NIHII-HOME_SERVICES (home care services) ☐ NIHII-HOSPITAL (hospital) ☐ NIHII-ICP (integrated project) ☐ NIHII-LABO (laboratory) ☐ NIHII-LEGAL_PSY (legalpsy) ☐ NIHII-MEDICAL_HOUSE (medical house) ☐ NIHII-OF_BAND (office bandagist) ☐ NIHII-OFFICE_DOCTORS (office doctor) ☐ NIHII-PALLIATIVE_CARE (palliative care) ☐ NIHII-PHARMACY (pharmacy) ☐ NIHII-OTD_PHARMACY (pharmacy OTD) ☐ NIHII-PROT_ACC (protect accommodation)

		☐ NIHII-PSYCH_HOUSE (psychiatrist house)
		☐ NIHII-REEDUCATION (reeducation)
		☐ NIHII-RETIREMENT (retirement home)
		☐ 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)]**
Target groups		
Healthcare professional target groups	If your application is targeted towards healthcare professionals, select in this field the professional target groups that need to have access. Please check chapter 4 of this document for a reference table of which target groups may and may not be selected for the different applications with which onboarding is allowed. Please respect the proportionality principle, and check only those groups that are really going to use the application. Do not check groups "just in case" they might be added in the future.	☐ Audician – audicien - audicien ☐ Audiologist – audiologue - audioloog ☐ Clinical psychologist – psychologue clinicien – klinisch psycholoog ☐ Clinical orthopedic pedagogue – orthopédagogue clinician – klinisch orthopedagoog ☐ Dietician – diétiste - diëtist ☐ Dental hygienist – hygiëniste buccodentaire - mondhygiënist ☐ Dentist – dentiste - tandarts ☐ Imaging technologist – technologue en imagerie – medisch beeldtechnicus ☐ Lab technologist – technologue de laboratoire médical - labotechnicus ☐ Logopedist – logopède - logopedist ☐ Midwife – sage femme - vroedvrouw ☐ Nurse – infirmier/ière - verpleegkundige ☐ Occupational therapist – ergothérapeute - ergotherapeut ☐ Orhtoptist – orthoptiste - orthoptist

		☐ Optometrist – optométriste - optometrist
		☐ Physician – médecin - arts
		☐ Physiotherapist – kinésithérapeute - kinesitherapeut
		☐ Practical nurse – aide soignant - zorgkundige
		☐ Podologist – podologue - podoloog
		☐ OT_bandages_orthosiology
		☐ OT_mobility_improvement
		☐ OT_prothesiology
		☐ OT_shoe_technology
Citizen/patient target groups	If your application is targeted towards citizens, please select the appropriate target groups in this field.	☐ Citizen ☐ Legal representative (for the data of a minor) ☐ MDM (medical data management) mandate holder (for a mandate giver) ☐ Prescription mandate holder (for a mandate giver) => this will only give access to medical prescription data, so check only if relevant.
Health care organization target groups	If your application is targeted towards organization-type target groups, please look up the CoBRHA codes of the organization types of these target groups on CoBRHA viewer (link) and note them in this field. Examples: "WVG_VAZG 081" (General hospital) "WVG_VAZG 094" (Generalist circle)	The CoBRHA codes of the organization-type target groups of my application are: **[CoBRHA IDs]**

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).

4. Reference table professional target groups

White cell = onboarding for this application is possible for the target group.

Black cell = onboarding for this application is NOT possible for the target group.

Beroepen zorgverleners KB 78	Vitalink	Intermed	Brusafe+	Uhmep	Vaccicard	Trio
Audician - audicien - audicien			⬛	⬛	⬛	⬛
Audiologist - audiologue - audioloog				⬛	⬛	⬛
Clinical_psychologist - psychologue clinicien - klinisch psycholoog				⬛	⬛	⬛
Clinical_orthopedic_pedagogue - Orthopédagogue clinicien - Klinisch orthopedagoog				⬛	⬛	⬛
Dietician - diétiste - diëtist				⬛	⬛	⬛
Dental-hygienist - hygiëniste bucco-dentaire - mondhygiënist			⬛	⬛	⬛	⬛
Dentist - dentiste - tandarts				⬛	⬛	⬛
Imaging_technologist - technologue en imagerie - medisch beeldtechnicus				⬛	⬛	⬛
Lab_technologist - technologue de laboratoire médical - Labotechnicus				⬛	⬛	⬛
Logopedist - logopède - logopedist			⬛	⬛	⬛	⬛
Midwife - sage femme - vroedvrouw					⬛	⬛
Nurse - infirmier\ière - Verpleegkundige						⬛
Occupational_therapist - ergothérapeute - ergotherapeut				⬛	⬛	⬛
Orthoptist - orthoptiste - orthoptist				⬛	⬛	⬛
Optometrist - optométriste - orthometrist				⬛	⬛	⬛
Physician - médecin - arts						
Physiotherapist - kinésithérapeute - kinesitherapeut			⬛	⬛	⬛	⬛
Practical_nurse - aide-soignant - zorgkundige			⬛	⬛	⬛	⬛
Podologist - podologue - podoloog				⬛	⬛	⬛
OT_bandages_orthosiology				⬛	⬛	⬛
OT_mobility_improvement				⬛	⬛	⬛
OT_prosthesiology				⬛	⬛	⬛
OT_shoe_technology				⬛	⬛	⬛

5. Addendum to the IAM client registration form concerning scopes

Date of signature	(Fill out the date on which this addendum was signed.)
Name of customer organization	(Fill out the name of the customer organization.)
CEO of customer organization	(Fill out the name of the CEO of the customer organization to which the IAM client referenced below is made available.)
IAM client ID	(Fill out the unique ID of the IAM client. If the client ID is still to be determined, leave this field empty.)

As the CEO of the aforementioned organization, I confirm that I have been duly informed about the privacy risks related to possible unsanctioned use of the IAM client that was provided to my organization by the eHealth Platform, and that I understand the implications of these risks:

- That by unsanctioned use of the IAM client, my organization could obtain unauthorized access to personal data of individuals.
- That by doing so, the privacy of the individuals involved would be seriously compromised, exposing my organization to the risk of legal procedures and sanctions.

I also confirm that I have read and that I understand the regulations concerning the use of eHealth basic services, which are published on the web site of the eHealth Platform.

I hereby declare that as the CEO of the aforementioned organization, I will see to it that all necessary measures to limit the use of the IAM client referenced above to the scope(s) that has/have been agreed with the eHealth Platform are implemented. I will see to it that the IAM client will not be used to access data sources that are not covered by this/these scope(s). I will see to it that the owner of any data source my organization wants to connect to via the IAM client will be asked for formal approval of this connection, and that the connection will only be established when this approval has been granted.

I also declare that the aforementioned measures will be implemented and effective at the time on which the IAM client is released in production.

If so requested at any time by the eHealth Platform, I will provide recent records that prove that use of the IAM client is within the agreed scope(s). If so requested I will also provide proof/records of the agreement my organization has received from owners of data sources to which my organization connects via the IAM client.

Electronic signature of the CEO: