CLIENT CONCERN HANDLING SYSTEM
ACCOUNT REQUEST FORM

- Call the Service Desk 1-888-316-7446 (local 337-0600) if you are unclear about any fields below.
- The Service Desk will complete the request within five days from receiving the request.

Return to: Fax Number: 306-781-8480
Email: servicedesk@ehealthsask.ca

User Information

Type of request (check one): ☐ New user ☐ Change in user type ☐ Remove			
User's Full Name printed:		Work Phone #:	
Working Title:		Email Address:	
Facility Name:		Health Region:	
Environment ☐ Production ☐ User Acceptance Test (UAT)			

Security Level Requirement

User Level (check one): ☐ CCHS User Group ☐ Quality of Care Coordinator (QCC)
☐ Admin User ☐ Provincial Quality of Care Coordinator (PQCC)

PRS Access Requested: ☒ Yes

User's Agreement

General Agreement

- As a user of the system, I recognize the importance of securing personal health information.
- I agree to utilize the information included in the system for the purposes authorized by my Regional Executive Director or their designate.
- I recognize that the use of this data for unauthorized or unlawful purposes is strictly prohibited and is subject to prosecution by the Government of Saskatchewan or its agents.

Workstation Security

- I agree to keep secure all data available to me in the system. I will not allow unauthorized users to access this information.
- I will keep private all passwords associated with the system.
- I have secured my workstation with a screen-saver password to assure security should I leave my machine for an extended period of time.

Service Authorization

User's signature: _____ _____
Date (YY/MM/DD)

I acknowledge that the subscriber is permitted access to the selected services.

Date access is required: _____
Date (YY/MM/DD)

Manager's Information

Name: _____ _____
(please print) Work Phone Number

Signature: _____ _____
Date (YY/MM/DD)

Authorized Approver's Information

Name: _____ _____
(please print) Work Phone Number

Signature: _____ _____
Date (YY/MM/DD)

If you need the name of an authorized approver, please call the Service Desk 1-888-316-7446 (local 337-0600)

For eHealth Saskatchewan Use Only: Send Original to Provincial Quality of Care Coordinator, AESB, Sask Health

The most recent version of this form can be downloaded at: http://www.ehealthsask.ca/forms