

Call the Service Desk 1-888-316-7446 (local 306-337-0600) if you are unclear about any fields below
The Service Desk will complete the request within five business days from receiving the request.

Return to: Fax Number: 306-871-8480

Email: servicedesk@ehealthsask.ca

User Information

Type of request (check one): New User Change in User Access Remove

| | | | |
|--|--|--|--|
| User's Full Name (printed): | | Work Phone #: | |
| Organization Name: | | Facility: | |
| Email Address: | | Working Title: | |
| User ID (from your myEhealth Account): | | | |
| HP ALM Project (name of authorized Program/Application Group): | | HP ALM Role (Access Level required, see link below): | |

Access Level List and Descriptions: <https://www.ehealthsask.ca/forms/Forms/IT-Testing-Access-Levels.pdf>

If you do not have an existing myEhealth Account, you must complete the online self-registration at:
<https://services.ehealthsask.ca/myehealth/pages/selfService/register.xhtml>

HP Application Lifecycle Management (ALM) User Roles & Responsibilities

- Users are responsible for ensuring that the use of testing data is on a need-to-know basis for the purpose of their health care work and it is in accordance with their health organization's policies and procedures and HIPA.
- Users must be authorized by an Authorized Approver within an Approved Organization.
- A User is identified and authenticated by an Authorized Approver to view and use testing data. The Approved Organization and the Approver are accountable for actions of the User.
- Users who are viewing data within the abovementioned testing utilities are responsible for selecting the correct person from the candidate list and for protecting the information from use for purposes other than health care delivery.

Note:

- User access is audited.
- Inappropriate use of the abovementioned testing utilities shall be reported to the eHealth Saskatchewan's Chief Privacy Officer.
- Any violation of privacy legislation will be investigated and addressed.

Service Authorization

Requester (Manager/Supervisor)
Name:

(Please Print)

Signature

Date (YY/MM/DD)