



# PERSONAL CARE HOME REGISTRY 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 two 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

<b>User's Full Name printed:</b>		Work Phone #:	
Working Title:		Email Address:	
Region:		Fax Number:	

Environment:  Production

### Access Requested (check one):

- View Only  Client Data Entry Requires access to PRS?  Yes  
 Consultant  Home Data Entry

### Ministry of Social Services (MSS) ONLY re: PCH Benefit:

Health has an Agreement in place providing disclosure through a View Only screen to MSS as a means to validate residency in a provincially licensed care home. MSS agrees to only use this information to confirm the information provided directly from the individual. MSS requires this information for the purposes of verifying that an applicant is resident in a licensed personal care home and is eligible for the Personal Care Home Benefit.

**View Only** - the Personal Care Home Registry (PCH) – Provincial Report. This report is published monthly and is not subject to FOIP however, the real time view is not open to the general public. MSS requires real time view in order to access the most up-to-date information on licensed facilities. Disclosing this time sensitive information allows the individual to receive the financial top up as soon as eligible.

### P.C. Information

P.C.Location:			
Facility Name:			
Street Address:	City:	Province:	

### 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)

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