PERSON HEALTH REGISTRATION SYSTEM (PHRS) CORE APPLICATION ACCOUNT REQUEST FORM

Terms and Conditions of Use

The Person Health Registration System ("PHRS") is the operating name given to the electronic database that contains the provincial health registry that is used by the Health Registration Branch to register each resident. The primary purpose of the PHRS is to register residents of Saskatchewan for the purposes of providing them with access to provincial health care benefits.

PHRS User Roles & Responsibilities

- Users are responsible for ensuring they have read and are familiar with the PHRS Policy and Procedure Manual.
- Users are responsible for ensuring that the use is related to the 'need to know' for the purpose of their healthcare work and it is in accordance with their health organizations' policies and procedures and the Health Information Protection Act (HIPA).
- Users must use PHRS data only in accordance with established data access agreements between source organizations and consumer organizations and/or as authorized by eHealth Saskatchewan.
- Users must be authorized by an Authorized Approver within an Approved Organization. Approvers and Organizations must be authorized by eHealth Saskatchewan in accordance with the PHRS View policies and procedures manual.
- A User is identified and authenticated by an Authorized Approver to view and use PHRS data. The Approved Organization and the Approver are accountable for actions of the User.
- User access is audited.
- Inappropriate use of the PHRS shall be reported to the eHealth Saskatchewan's Chief Privacy Officer.
- Any violation of privacy legislation and the Ministry Privacy and Security policy will be dealt with according to the Ministry's Privacy and Security Breach Management protocols.

Restrictions on Use

The PHRS **will not** be used for the following purposes:

- To look up information on a person(s) for personal reasons.
- To search for people for personal reasons.
- To use the information provided in the candidate list for personal reasons.
- To provide unauthorized research data or reports.
- To use or reuse data in a manner that is not consistent with HIPA.
- To use information for any other purpose other than the identified stated purpose.

Training Options

- The User can receive specific one-on-one training from their organizations Authorized Approver or their Organization's Superuser.
- Support is provided by the eHealth Service Desk 888-316-7446.

Workstation Security

- The User will secure all data available from the PHRS. Access by unauthorized users will not be permitted.
- The User will keep all passwords associated with the system private.
- The User will secure the workstation with a screen-saver password to assure security when the machine is left unattended for an extended period of time.

PERSON HEALTH REGISTRATION SYSTEM (PHRS) CORE APPLICATION ACCOUNT REQUEST FORM

eHealth Saskatchewan

▶ 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 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:	

Environment ☐ Production   ☐ User Acceptance Test (UAT)

User Group

☐ Application Clerk   ☐ Update Clerk   ☐ HR System Administrator
☐ Application Supervisor ☐ Update Supervisor ☐ Other: _____

Service Authorization

User's signature: _____

Date (YY/MM/DD)

Date access is required: _____

Date (YY/MM/DD)

Manager's Information:

Name: _____

(please print)   Work Phone Number

Signature: _____

Date (YY/MM/DD)

I acknowledge that the requestor has read and signed this form and understands their responsibilities and uses as described in this form and their obligations under HIPA.   I further acknowledge that I understand my obligations under HIPA and have been authorized by eHealth Saskatchewan to grant this approval.

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 306-337-0600)