eHealth Saskatchewan

SHARED CLIENT INDEX (SCI) VIEWER
REQUEST FOR ORGANIZATIONAL APPROVAL
ACCOUNT REQUEST FORM

The Saskatchewan Shared Client Index Viewer is an application that allows authorized users to view identification data on individuals who have received or may receive health care in the province. The information available in the SCI Viewer is to assist health care providers and health care organizations with appropriate and accurate information as available.

SCI View Approved Organization Roles & Responsibilities

- Approved Organizations are responsible for ensuring that their designated Authorized Approvers have read and understand their Roles and Responsibilities as outlined below and have been provided a copy of the SCI Policy and Procedure Manual.
- Approved Organizations are responsible for ensuring that appropriate physical, organizational, and technological measures will be put in place within their organization to protect the security and confidentiality of the SCI View data.
- Approved Organizations are responsible for ensuring that SCI View data is used only on a need-to-know basis for the authorized purposes outlined below and in accordance with the Health Information Protection Act (HIPA).
- Approved Organizations are responsible for designating Authorized Approvers and ensuring that they understand and have agreed to the Authorized Approver Roles and Responsibilities as outlined below.
- Approved Organizations are responsible for ensuring that changes to designated Authorized Approvers are reported to eHealth Saskatchewan in a timely manner. This includes changes, additions and deletions.

SCI View Authorized Approver Roles & Responsibilities

- Authorized Approvers are responsible for ensuring that Users requesting accounts have read and understand their Roles and Responsibilities as outlined below and have been provided with a copy of the SCI Policy and Procedure Manual.
- Authorized Approvers are responsible for ensuring that appropriate physical, organizational, and technological measures will be put in place within their organization to protect the security and confidentiality of the SCI View data.
- Authorized Approvers are responsible for ensuring that SCI View data is used only on a need-to-know basis for the authorized purposes outlined below and in accordance with HIPA.
- Authorized Approvers are responsible for verifying that the request is only for the authorized purposes.
- Authorized Approvers are responsible for ensuring that changes to designated Authorized Approvers are reported to eHealth Saskatchewan in a timely manner. This includes changes, additions and deletions.

SCI View User Roles & Responsibilities

- Users are responsible for ensuring they have read and are familiar with the SCI Policy and Procedure Manual.
- Users are responsible for ensuring that the use is related to the "need to know" for the purpose of their health care work and it is in accordance with their health organizations' policies and procedures and HIPA.
- Users must use SCI 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 the eHealth Saskatchewan in accordance with the SCI Policies and Procedures Manual.
- A User is identified and authenticated by an Authorized Approver to view and use SCI data. The Approved Organization and the Approver are accountable for actions of the User.
- Users who are viewing data with SCI through the Viewer are responsible for selecting the correct person from the candidate list and protecting of the reuse of the information for purposes other than health care delivery.
- User access is audited.
- Inappropriate use of the SCI View shall be reported to the eHealth Saskatchewan's Chief Privacy Officer.
- Any violation of privacy legislation and Ministry Privacy and Security policy will be dealt with according to the Ministry's Privacy and Security Breach Management protocols.

Use is Consistent with the Purpose

The use of the Shared Client Index system, services and applications must be in accordance with a "need to know" basis for the purposes of (one or more should apply to the user's needs):

- Supporting the identification and registration of persons seeking or receiving health care services, including access to the Saskatchewan provincial health number.
- Supporting the accurate and timely management of client identification data within health care systems.
- Supporting the integration of clinical patient results within legacy systems.
- Supporting the management of EHR services such as privacy and health records.

Restrictions on Use

The Shared Client Index 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 by calling Health Record Services at 306 787-4982.
- The User can receive training via the SCI Viewer training presentation available on the SCI Terms of Use page of the website.

Workstation Security

- The User will secure all data available from the SCI. 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.

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- 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: 306-781-8480 or Email**:** servicedesk@ehealthsask.ca

Requesting Organization Description

Date of Request:

Health Organization Name: Work Phone #:

Address:

Organization Contact Information:

Contact's Full Name Printed: Work Phone #:

Working Title: Email Address:

Address:

Purpose for Request

☐ Supporting the identification and registration of persons seeking or receiving health care services, including access to the Saskatchewan provincial health number.

☐ Supporting the accurate and timely management of client identification data within health care system

☐ Supporting the integration of clinical patient results within legacy systems.

☐ Supporting the management of EHR services such as privacy and health records.

Agreement (must be signed by the head of the Organization)

I acknowledge that I, the head of the Requesting Organization, have read and agree to the responsibilities and uses as described in this form and my obligations under HIPA.

I further acknowledge that the Authorized Approvers Designated below have read and signed this form and understand; their responsibilities; the authorized uses as described in this form and the SCI Policy and Procedure Manual; and their obligations under HIPA.

Requester's information

Requester's Name: Work Phone #:

(please print)

Requester's Signature:

Date (YY/MM/DD)

Requester's Title:

February 2020

Designation of Authorized Approvers

The names and signature samples below will be used to verify SCI Viewer User account requests received by the eHealth Service Desk. Only SCI Viewer Account Request Forms from the following designated Authorized Approvers will be accepted.

Authorized Approver's Name:

(please print)

Work Phone #:

Authorized Approver's Signature:

_____

Date (YY/MM/DD)

Authorized Approver's Name:

(please print)

Work Phone #:

Authorized Approver's Signature:

_____

Date (YY/MM/DD)

Authorized Approver's Name:

(please print)

Work Phone #:

Authorized Approver's Signature:

_____

Date (YY/MM/DD)

Authorized Approver's Name:

(please print)

Work Phone #:

Authorized Approver's Signature:

_____

Date (YY/MM/DD)

eHealth Saskatchewan Review and Approval

○ Approved   ○ Denied   Reason:

Authorized Approver's Signature:

_____

eHealth Saskatchewan

Date (YY/MM/DD)

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