



Electronic Burial Permit (EBP) ACCOUNT REQUEST FORM

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

User Information

Type of Request (check one): New User Change In User Type Remove Access

User's Full Name Printed: Work Phone#:

Working Title: Email Address:

Organization Name: User ID (eHealth Account):

If you do not have an existing MyeHealth Account, you must also complete the online self-registration at:
<https://services.ehealthsask.ca>

User's Agreement

General Agreement

- As a user of the system, I recognize the importance of securing personal health information of our customers.
- I agree to utilize the information included in the system for the purposes authorized by my Registrar 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 it's agents.

Workstation Security

- I agree to keep secure all data available to me in the system. I will not allow unauthorized users to access 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)

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 at 1-888-316-7446 (local 337-0600).
The most recent version of this form can be downloaded at: <http://www.ehealthsask.ca/forms>