

## Cerberus Secure File Transfer Protocol (SFTP) Account Request Form

➤ Call the Service Desk 1-888-316-7446 (local 306-337-0600) if you are unclear about any fields

Return to: Fax Number: 306-781-8480

Email: servicedesk@ehealthsask.ca

### Cerberus Ad-Hoc File Sharing Definition

Securely share one or more files using Cerberus and email, on an as-needed basis. Intended for manual, one-time, or occasional file sharing. Files are automatically deleted after 5 calendar days.

### Cerberus Automated File Sharing Definition

For scheduled file transfers. This access does not provide individual user accounts. Access is granted to a shared account for running automated transfer jobs, and may be accessed using an SFTP client such as WinSCP, if required.

### User Information

Type of Request (check one)	New User	Remove	
Account Type	Ad-Hoc User	Automated	
	Additional details about the automated jobs/tasks:		
User's Full Name printed:		Work Phone #:	
Working Title:		Email Address:	
Environment	Production	User Acceptance Testing (UAT) (automated connections only)	

### 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 password.

### Service Authorization

User's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YY)

### Manager Approver's Information

Name: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
(please print)

**I acknowledge that the subscriber is permitted access to the selected services.**

Signature: \_\_\_\_\_ Date Access is required: \_\_\_\_\_  
(MM/DD/YY)

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