



The SHA Contact Tracing Application (GO.DATA) USER ACCOUNT REQUEST FORM

This form must be completed electronically and printed for signatures

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 Email: servicedesk@ehealthsask.ca

User Information

Type of Request (check one): New User Remove User Role Add Additional User Role Remove User

User's Full Name: First Name Last Name

Work Phone: Team:

Email Address: User Role:

Go Data User Roles and Responsibilities

- User access is audited.
- Inappropriate use of Go.Data shall be reported to the eHealth Saskatchewan's Chief Privacy Officer and the privacy officer of your Approved Organization.
- Any violation of privacy legislation will be investigated and addressed.
- Users are responsible for completion of the training available on the Go.Data Collaboration Teamsite.
- Users are responsible for ensuring that the use of Go.Data data is on a need-to-know basis and it is in accordance with their health organization's policies and procedures and is compliant with relevant legislation.
- Users must be authorized by an Authorized Approver within an Approved Organization.
- A User is identified and authenticated by an Authorized Approver to view and use Go.Data data. The Approved Organization and the Authorized Approver are accountable for actions of the User.

I hereby acknowledge the above obligations regarding my user roles and responsibilities associated with Go Data:

User's Legal Name: _____

Signature: _____ Date: _____

User Organization/Operating Legal Name: _____

Authorized Approver's Signature: _____ Date: _____

Printed Name and Title: _____

Street Address (mailing): _____

City: _____ Prov: _____ Postal Code _____