



TELEHEALTH SERVICES  
ACCOUNT REQUEST FORM

- ▶ Call the Service Desk 1-888-316-7446(local 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: [HISCTelehealthSupport@eHealthsask.ca](mailto:HISCTelehealthSupport@eHealthsask.ca)

**User Information**

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

Full Name (printed):		Work Phone #:	
Working Title(function):		Email Address:	
Facility Name:		Partner:	
Signature:		Date:	

**Partner Authorization:**

Full Name (printed):		Work Phone #:	
Working Title(function):		Email Address:	
Facility Name:		Partner:	
Signature:		Date:	

**Account Access:** (select all that apply)  
 All users will be granted permissions based on the role selected, including default notifications. The Full Access will provide access to all Telehealth Saskatchewan sites. The View Only Access will allow users to view conferences and details only (no edits can be made).

- TMS - Coordinator Full Access
- TMS - View Only Access
- Telehealth Sharepoint Site - Full Access
- Online Clinical Booking Form - Provider Office Access
- Online Clinical Booking Form - Coordinator Access

**FOR PROVIDER OFFICE ONLY (Admin Provider List):**  
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**eHealth Authorized Designate:** (office use only)  
 I acknowledge that the subscriber is permitted access to the selected services.

Full Name (printed):		Work Phone #:	
Signature:		Date:	

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