

## Panorama COVID Quick Entry (CQE) 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.

Email form to: [servicedesk@ehealthsask.ca](mailto:servicedesk@ehealthsask.ca)

### User Information

Type of Request: ☐ New CQE Access ☐ Remove CQE Access  
☐ PROD ☐ UAT (Training)

Requester Name:	First Name	Last Name
Requester Organization:	<select one>	
Cell Phone:		Work Phone:
Email Address:		

If you **belong to any of the former health regions**, please enter your **computer username**:

SHA Username (Optional):	
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If you **do NOT belong to the SHA** and have a **myeHealth 2.0 account**, please enter your **username**:

myeHealth2.0 Username (Optional):	
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**IMPORTANT:** Form must be emailed by an Authorized Approver to the eHS Service Desk

### Panorama User Roles and Responsibilities

#### Notes:

- User access is audited.
- Inappropriate use of the Panorama shall be reported to the eHealth Saskatchewan's Chief Privacy Officer.
- Any violation of privacy legislation will be investigated and addressed.
- Users are responsible for completion of the training available on the Panorama Program Page.
- Users are responsible for ensuring that the use of Panorama data is on a need-to-know basis for the purpose of their health care work and it is in accordance with their health organization's policies and procedures and HIPA.
- 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 Panorama data. The Approved Organization and the Approver are accountable for actions of the User

## Panorama User Access Agreement

The Panorama Joint Service and Access Policy (“JSAP”) gives your health care organization the right to authorize you to access the Panorama solution, and outlines the obligations of both you and your organization to only access Panorama in compliance with the JSAP.

As an employee, contracted employee, student, or other service provider, I understand that as an authorized user of Panorama I will have access to confidential client information that includes, but is not limited to, information relating to client registration, immunizations, and/or communicable disease and outbreak investigations stored in Panorama (Panorama Information).

**As a condition of being granted user rights and permissions for Panorama, I acknowledge that I am permitted to access and use the Panorama Information only for authorized health purposes or such other purposes that may be permitted by law, and that my access to and use of the Panorama Information is limited to that information I need to perform the legitimate duties within my health care organization that are specific to the role(s) for which I was authorized as a user.**

### In Particular:

1. I understand that the Panorama Information I use in the performance of my duties is confidential;
2. I understand that my use of and access to the Panorama Information must be in accordance with the Panorama Immunization/Investigations & Outbreak Management Joint Service and Access Policy and that I have reviewed that Policy;
3. I understand that a client's express consent is required to disclose Panorama Information to a third party, except where applicable law permits disclosure of the information without consent or on an implied consent basis;
4. I understand that I am not permitted to access or use Panorama Information regarding myself, my spouse, family members, friends, acquaintances, co-workers, and any other person for purposes unrelated to my duties. This includes looking up birth dates, addresses, immunization or investigations and outbreak information for personal use, out of curiosity or for any other purposes other than those for which the Panorama Information is intended;  
**4.1** I further understand that unauthorized use also includes printing or exporting any information including the names, birth dates, addresses, and clinical data of clients for purposes other than those for which Panorama has been approved;
5. I understand that any disposal of documents containing Panorama Information must be done by way of secure disposal which in accordance with my health care organization's policies;
6. I acknowledge that I am responsible and accountable for all activities conducted on the computer network under my Panorama user account and I am not to share my Panorama user account or password with others; and
7. I acknowledge that Panorama is audited and my activity may be monitored in order to protect and maintain the integrity of the system and to ensure compliance with privacy policies and procedures.

I understand that the consequences for not acting in accordance with this agreement include discipline and possible termination of my employment/service. I also understand that legal action may result from breach of these terms and may include prosecution of an offence where actions violate the provisions of the law. I understand that my name may be released to a complainant as part of full disclosure in a proven case of breach of privacy. In some circumstances, when a client requests information about who has accessed their personal health information, your name could be released following an assessment of the request.

**I hereby acknowledge the above obligations regarding my user rights and permissions associated with Panorama:**

**User's Legal Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**User Organization/Operating Legal Name:** \_\_\_\_\_

**Authorizing Signature:** \_\_\_\_\_

**Printed Name and Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Street Address (mailing):** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_