

As a user of EDRN, I hereby agree as follows:

1. As a medical informant I will access confidential vital statistics information within EDRN only as needed to complete a medical certificate of death or answer reasonable enquiries from the informant about a certified registration (the "Authorized Purpose")

OR

As a funeral director I will access confidential vital statistics information within EDRN only as needed to register a death, amend a death registration or answer reasonable enquiries from the informant about a certified registration (the "Authorized Purpose").

2. I will not disclose any vital statistics information other than for the Authorized Purpose.

3. I will safeguard my login credentials that allow me to access EDRN. I will not share my login credentials with other people under any circumstances. I will log out when not using the EDRN. I will not leave my device or computer unattended when logged in to EDRN. I accept responsibility for all activities undertaken using my login credentials.

4. I will immediately advise eHealth if I become aware of, or reasonably suspect, any unauthorized or improper access to, use of or disclosure of any vital statistics information gathered for the Authorized Purpose or any breach of the requirements of this Agreement.

5. I understand that failure to comply with this Agreement may result in loss of privileges to access EDRN. eHealth Saskatchewan may, at any time, revoke my authorization or access to the EDRN.

6. I understand that my obligations under this Agreement will continue after termination of my privileges and access to EDRN.

7. I understand that every person who knowingly uses or discloses vital statistics information contrary to the Act is guilty of an offence under section 108 of the Act and is liable on summary conviction to a fine of not more than \$10,000.

Service Authorization

User's Signature:

_____ Date (DD/MM/YYYY)

Authorized Approver's Information

Name:

(Please Print)

_____ Work Phone #

Authorized Approver's Signature:

_____ Date (DD/MM/YYYY)

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>