



ENTERPRISE MANAGEMENT CONSOLE (EMC) 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 two 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 Change in user type Remove

Type of user (check one): Internal (eHealth) External

User's Full Name printed:		Work Phone #:	
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Organization Name:		Facility:	
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Working Title:		Email Address:	
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Environment: Production Quality Assurance (EFQ)

Access Requested

- | | | |
|--|---|--|
| <input type="checkbox"/> Audit Admin | <input type="checkbox"/> Consent Admin | <input type="checkbox"/> Remediation Admin |
| <input type="checkbox"/> Bulk Load Admin | <input type="checkbox"/> CORP Manager | <input type="checkbox"/> SCI View Only |
| <input type="checkbox"/> CDM View Only | <input type="checkbox"/> HIAL Configuration View Only | <input type="checkbox"/> SCI Admin |
| <input type="checkbox"/> CDM Admin | <input type="checkbox"/> HIAL Configuration Admin | <input type="checkbox"/> Terminology View Only |
| <input type="checkbox"/> Consent View Only | <input type="checkbox"/> Remediation View Only | <input type="checkbox"/> Terminology Admin |

I acknowledge that as the requestor I have read and understand the responsibilities and obligations under as described under HIPA.

Service Authorization

The following sections must be filled out for *internal* and *external* users.

User's signature: _____

_____ Date (YY/MM/DD)

Date access is required: _____

_____ Date (YY/MM/DD)

Authorized Approver's Information

Name: _____

(please print)

_____ Work Phone Number

Signature: _____

_____ Date (YY/MM/DD)

The following section should be only filled out for *internal* users.

Manager's Information

Name: _____

(please print)

_____ Work Phone Number

Signature: _____

_____ Date (YY/MM/DD)

Comments

If you need the name of an authorized approver, please call the Service Desk 1-888-316-7446 (local 306-337-0600)

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