



MENTAL HEALTH INFORMATION SYSTEM (MHIS) 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 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

User's Full Name printed:		Work Phone #:	
Working Title:		Email Address:	
Regional/Branch/Unit:		Fax Number:	

Access Requested

Please complete all fields in this section; the information requested is required to create the MHIS account.

Areas of Responsibility: Region Centre (List All):	User Group(s): <input type="checkbox"/> Basic User <input type="checkbox"/> Site Administrator <input type="checkbox"/> District Administrator <input type="checkbox"/> Inquiry <input type="checkbox"/> Provincial Administrator <input type="checkbox"/> Management
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User's Agreement

General Agreement <ul style="list-style-type: none">As a user of the system, I recognize the importance of securing personal health information.I agree to utilize the information included in the system for the purposes authorized by my Regional Executive Director or their designate.I recognize that the use of this data for unauthorized or unlawful purposes is strictly prohibited and is subject to prosecution by the Government of Saskatchewan or its agents.	Workstation Security <ul style="list-style-type: none">I agree to keep secure all data available to me in the system. I will not allow unauthorized users to access this information.I will keep private all passwords associated with the system.I have secured my workstation with a screen-saver password to assure security should I leave my machine for an extended period of time.
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Service Authorization

User's signature: _____ Date (YY/MM/DD) _____

I acknowledge that the subscriber is permitted access to the selected services. **Date access is required:** _____
Date (YY/MM/DD)

Manager's Information

Name: _____ (please print) _____ Work Phone Number _____
Signature: _____ Date (YY/MM/DD) _____

Authorized Approver's Information

Name: _____ (please print) _____ Work Phone Number _____
Signature: _____ Date (YY/MM/DD) _____

If you need the name of an authorized approver, please call the Service Desk 1-888-316-7446 (local 337-0600)
The most recent version of this form can be downloaded at: <http://www.ehealthsask.ca/forms>