

MEDICAL IMAGING ACCOUNT REQUEST FORM (RIS - PACS - PS360)

If you are unclear about any fields below, call the Service Desk at 1-888-316-7446 or 306-337-0600. The Service Desk will complete the request within five business days from receiving the request. **Email form to**: servicedesk@ehealthsask.ca

For Medical Imaging Professionals of the Saskatchewan Health Authority (SHA), the Saskatchewan Cancer Agency, or Private Practices that require access to Radiology Information System (RIS), Picture Archiving and Communications System (PACS), and Powerscribe 360 (PS360). **A network account is required if not already provisioned**.

End User I	nformation				
Type of re	equest (check one):	New User	Change in User Type	Remove	
Environme	nt: Production	EFQ R1Q	Date Acc	cess Required: (MM/DD	/YY)
User's FIRST	۲ Name LAST Name:				CPSS#:
Email Addre	255:			Work Phone #	t:
Network Ac	ccount Username:			Net	work Account Required
Work Plac	e Information				
Primary SH	A Facility Name and Loca	ation:			
Private Prac	ctice Name and Location	ı: 			
PACS A	ccess Required (select o	only one from be	low)		
Technologist		Radiologist		Surgeon	
Technologist Super User			t of Care Provider	Specialist / ER Physician	
Film Librarian			t of Care Provider (iExport)	SHA System Admin	
	Privacy Analyst		th Data Management th PACS Administrator (BA	and Anns Only)	
VPN ACCES					
	Access Required (select	•	ologist / Attending	Pasidant / Fa	llow
Site Admin		Naui	ologist / Attenuing	Resident / Fellow	
	ription / Editor				
Other (please specify):				
RIS Acc	ess Required (select onl	y one from belo	w)		
DBC: Di	iscern Charge Services*	Charge Servio	es*	Health Records	RadNet*
Sc	heduling Management	SHA DBC Cha	rge Services (w/Discern)	SHA DBC Charge Servio	ces
RadNet:	Clerk	Health Recor	ds Clerk	Film Librarian	Read Only Office
	Nurse	Transcription		Transporter	·
	Hybrid Tech Plus*		hy Technologist*	Radiology Technologis	t*
	Obstetrician*	Supervisor*		Radiologist**	
Hybrid:	Office	Office Plus	Porter	Tech*	Tech Plus*
eHealth:	Data Management	Service Desk			
Other Acces	ss Type (please specify):				
* need to a	add to Radiology Techno	logist usergroup	** need to add to Radi	ologist usergroup	
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RIS Facility Access (check Add or Remove for all applicable facilitie	es) Add Scheduling Books for Selected Facilities
Cypress Add Remove	Add Demons
Cypress Regional Hospital (Swift Current)	Add Remove Shaunavon Hospital & Care Centre
Herbert & District Integrated Facility	Southwest IHC Facility (Maple Creek)
Leader Integrated Facility	
Five Hills Add Remove	Add Remove
Assiniboia Union Hospital	St. Joseph's Hospital (Gravelbourg)
Dr. F.H. Wigmore Regional Hospital (Moose Jaw)	
Heartland Add Remove	Add Remove
Biggar Hospital and District Health Centre	Outlook and District Health Centre
Davidson Health Centre	Rosetown Health Centre
Kerrobert Integrated Health Centre	Unity and District Health Centre
Kindersley Hospital and District Health Centre	Wilkie and District Health Centre
Kelsey Trail	
Add Remove	Add Remove
Athabasca Health Facility (Black Lake)	Melfort Hospital
Carrot River Health Centre	Nipawin Hospital
Hudson Bay Health Care Facility	Porcupine Carragana Hospital
Kelvington and Area Hospital	Tisdale Hospital
Keewatin Yatthé	
Add Remove	Add Remove
La Loche Health Centre	St. Joseph's Health Centre (Ile a la Crosse)
Mamawetan Churchill River	
Add Remove	
La Ronge Health Centre	
Prince Albert Parkland	Add Demons
Parkland Integrated Health Centre (Shellbrook)	Add Remove Victoria Hospital (Prince Albert)
Spiritwood & Distract Health Centre	
Prairie North	
Add Remove	Add Remove
Battlefords Union Hospital (North Battleford)	Meadow Lake Hospital
Lloydminster Hospital	Riverside Health Complex (Turtleford)
Maidstone Health Complex	Saskatchewan Hospital (North Battleford)
Regina Qu'Appelle	Add Demons
Add Remove All Nations Healing Hospital (Fort Qu'Appelle)	Add Remove
Balcarres Integrated Care Centre	Population and Public Health (Regina) Regina General Hospital
Broadview Union Hospital	Southeast Integrated Care Centre (Moosomin
Grenfell Health Centre	St. Joseph's Integrated Care Centre (Moosonin St. Joseph's Integrated Care Centre (Lestock)
Indian Head Union Hospital	Urgent Care Centre (Regina)
Long Lake Integrated Facility (Imperial)	Wascana Rehabilitation Centre (Regina)
Montmartre Health Centre	Whitewood Community Health Centre
Pasqua Hospital (Regina)	Wolseley Memorial Union
Saskatoon	
Add Remove	Add Remove
Humboldt District Health Complex	St. Paul's Hospital (Saskatoon)
Lanigan Hospital	Wadena Hospital
Rosthern Hospital	Wakaw Primary Health Centre
Royal University Hospital (Saskatoon)	Watrous Hospital
Saskatoon City Hospital	Wynyard Integrated Hospital
Saskatoon Health Region - Community	

Sun Country Add Remove Weyburn General Hospital St. Joseph's Hospital - Estevan Arcola Health Centre Galloway Health Centre - Oxbow	Add Remove Redvers Health Centre Kipling Integrated Health Centre Radville Marion Health Centre
Sunrise Add Remove Yorkton Regional Health Centre St. Peter's Hospital - Melville St. Anthony's Hospital - Esterhazy	Add Remove Canora Hospital Kamsack Hospital & Nursing Home Preeceville Hospital
RIS Proxy Information	
Radiologist Resident	Remote Radiologist (does not use eHS PS360)
Radiologists to allow proxy for: (attach list if needed)	Radiologists to allow proxy by: (attach list if needed)
Private Practice Only: PACS Users MUST SIGN this Jo	oint Services / Access Policy Confirmation
I acknowledge I have access to the following. (Please conf	irm by placing a checkmark in the appropriate boxes):
PACS Joint Services / Access Policy.	
Preparing Your Medical Practice for HIPA and PIPEDA.	
eHealth Security Policy.	
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AVAILABLE AT: <u>https://www.ehealthsask.ca/services/PA</u> I acknowledge that I understand that I am legally bound by Access Policy.	y, and agree to comply with, the PACS Joint Services/
AVAILABLE AT: https://www.ehealthsask.ca/services/PA I acknowledge that I understand that I am legally bound by Access Policy. Name (print):	y, and agree to comply with, the PACS Joint Services/ Date Signed:
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AVAILABLE AT: https://www.ehealthsask.ca/services/PA I acknowledge that I understand that I am legally bound by Access Policy. Name (print): Signature: Approval Section	y, and agree to comply with, the PACS Joint Services/ Date Signed: (MM/DD/YY)
AVAILABLE AT: https://www.ehealthsask.ca/services/PA I acknowledge that I understand that I am legally bound by Access Policy. Name (print): Signature: Approval Section Manager/Supervisor/Licensed Practitioner (if applicable	y, and agree to comply with, the PACS Joint Services/ Date Signed: (MM/DD/YY))
AVAILABLE AT: https://www.ehealthsask.ca/services/PA I acknowledge that I understand that I am legally bound by Access Policy. Name (print): Signature: Approval Section Manager/Supervisor/Licensed Practitioner (if applicable Name (print): Signature: Authorized Approver (required) I acknowledge that the User is permitted access to the sel has read the PACS Joint Services / Access Policy and under	y, and agree to comply with, the PACS Joint Services/ Date Signed: (MM/DD/YY) Date Approved:
AVAILABLE AT: https://www.ehealthsask.ca/services/PA I acknowledge that I understand that I am legally bound by Access Policy. Name (print): Signature: Approval Section Manager/Supervisor/Licensed Practitioner (if applicable Name (print): Signature: Authorized Approver (required) I acknowledge that the User is permitted access to the sell has read the PACS Joint Services / Access Policy and und as described in the Joint Services / Access Policy as well at the User is permitted access to the sell has read the PACS Joint Services / Access Policy as well at the User is permitted access to the sell has read the PACS Joint Services / Access Policy as well at the User is permitted access to the sell has read the PACS Joint Services / Access Policy as well at the User is permitted access to the sell has read the PACS Joint Services / Access Policy as well at the User is permitted access to the sell has read the PACS Joint Services / Access Policy as well at the User is permitted access to the sell has read the PACS Joint Services / Access Policy as well at the User is permitted access Policy as well at the User is permitted access Policy as well at the User is permitted access Policy as well at the User is permitted access Policy as well at the User is permitted access Policy as well at the User is permitted access Policy as well at the User is permitted access Policy as well at the User is permitted access Policy as well at the User is permitted access Policy as well at the User is permitted access Policy as well at the User is permitted access Policy as well at the User is permitted accese Policy as well at the User is permitted access Policy as well a	y, and agree to comply with, the PACS Joint Services/ Date Signed: (MM/DD/YY) Date Approved: (MM/DD/YY) Date Approved: (MM/DD/YY) Dected services. If PACS is selected, I acknowledge that the User erstands their responsibilities and the appropriate use of PACS
AVAILABLE AT: https://www.ehealthsask.ca/services/PA I acknowledge that I understand that I am legally bound by Access Policy. Name (print): Signature: Approval Section Manager/Supervisor/Licensed Practitioner (if applicable Name (print): Signature: Authorized Approver (required) I acknowledge that the User is permitted access to the sell has read the PACS Joint Services / Access Policy and und as described in the Joint Services / Access Policy as well a understand my obligations under HIPA.	y, and agree to comply with, the PACS Joint Services/ Date Signed: (MM/DD/YY) Date Approved: (MM/DD/YY) Date Approved: (MM/DD/YY) Dected services. If PACS is selected, I acknowledge that the User erstands their responsibilities and the appropriate use of PACS as their obligations under HIPA. I further acknowledge that I