



MICROSTRATEGY PRODUCTION REPORTING REQUEST FORM FOR CDM-QIP

- ▶ 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.

Return to: Fax Number: 306-781-8480

Email: servicedesk@ehealthsask.ca

User Information

Type of request (check one): New user Change in user access Remove

User's Full Name:

Work Phone #:

Working Title:

Email Address:

Facility Name:

Health Region:

Reporting Access Information (This section should be completed by the reporting program's authorized approver.)

Does user have an existing myeHealth account? Yes No I'm not sure

If Yes, please specify the user name assigned:

If No, please register at myeHealth for your account.

What data does the user require reporting access to:

I am a nurse practitioner (will automatically receive access to clinical reports)

I am a physician (will automatically receive access to all CDM-QIP reports)

I am a delegate and I require access to these reports: payment clinical all reports

Additional Notes (Please indicate any specific details to ensure your request can be completed in a timely manner.)

Service Authorization

Authorized Approver's Information

Name:

Work Phone:

Signature:

Date:

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>