



Return to: eHealth Saskatchewan/Health Registries
2130 11th Avenue
Regina SK S4P 0J5
ATTENTION: Director Health Registries

1. Requesting Organization Description:

Organization Name:		Date of Request:	
Address:		Work Phone #:	

2. Organization Contact Information:

Contact's Full Name printed:		Work Phone #:	
Working Title:		Email Address:	
Address:			

3. Purpose for Request:

- Assisting new Saskatchewan residents with completing and submitting a Saskatchewan Health Services Card Application
- Assisting Saskatchewan residents with updating personal and/or registration information on the provincial health registry

4. Agreement

By signing this form, I acknowledge that I have read and agree to the responsibilities outlined in the Data Sharing Agreement.

Requestor's Information (Head of organization)

Requestor's Name:	_____	_____
	(please print)	Phone Number
Requestor's Title:	_____	_____
	(please print)	Date (YY/MM/DD)
Requestor's Signature:	_____	

5. Designation of Group Users



The names and signatures below will be users of the shared group account for the organization listed on page 1. Users listed must create their accounts through PHRS Online before they can be assigned to a group.

Type of request (check one):	<input type="checkbox"/> New user	<input type="checkbox"/> Remove User
User Name:	_____	_____
	(please print)	User Id
User Signature:	_____	_____
	By signing, I acknowledge that I have read and understand my responsibilities as outlined in the Data Sharing Agreement.	Date (YY/MM/DD)

Type of request (check one):	<input type="checkbox"/> New user	<input type="checkbox"/> Remove User
User Name:	_____	_____
	(please print)	User Id
User Signature:	_____	_____
	By signing, I acknowledge that I have read and understand my responsibilities as outlined in the Data Sharing Agreement.	Date (YY/MM/DD)

Type of request (check one):	<input type="checkbox"/> New user	<input type="checkbox"/> Remove User
User Name:	_____	_____
	(please print)	User Id
User Signature:	_____	_____
	By signing, I acknowledge that I have read and understand my responsibilities as outlined in the Data Sharing Agreement.	Date (YY/MM/DD)

Type of request (check one):	<input type="checkbox"/> New user	<input type="checkbox"/> Remove User
User Name:	_____	_____
	(please print)	User Id
User Signature:	_____	_____
	By signing, I acknowledge that I have read and understand my responsibilities as outlined in the Data Sharing Agreement.	Date (YY/MM/DD)

6. eHealth Saskatchewan Review and Approval

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reason: _____
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Signed Data Agreement on File	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorized Approver's Signature:	_____	_____
	eHealth Saskatchewan/Health Registries	Date (YY/MM/DD)