



**TO: eHealth Saskatchewan**

**RE: Security & Access Policy relating to the Pharmaceutical Information Program (“PIP”)**

Each of the following individuals is authorized to designate Users and otherwise administer the Policy on our/my behalf.

Name	Location	Telephone Number

\_\_\_\_\_  
*(Name of User Organization)*

Per:

\_\_\_\_\_  
*(Authorized Signature)*

\_\_\_\_\_  
*(Printed Name & Title)*

\_\_\_\_\_  
*(Date)*