



PANORAMA USER ACCOUNT REQUEST FORM

This form must be completed electronically and printed for signatures

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 Remove User Role Add Additional User Role Remove User

User's Full Name printed:

First Name

Last Name

Organization Name: SDL (Facility):

Work Phone: Working Title:

Email Address: Provider Role:

User Role:

Role	Description
Support_Staff	Clerical support for immunization services only
Immunization_Provider	Provides vaccinations to clients
Designated_Immunization_Administrator	(DIA) Duplicate record merge, reminder/recall, add SDLs
Investigations_Enteric_VectorZoo	IOM/CD - enteric and Vector borne/zoonotic only
Investigations_Imms_RespDirect	Immunization and IOM/CD Respiratory & Direct Contact
Investigations_Imms_STBBI_RespDirect_VectorZoo	Immunization and IOM/CD except enteric
Investigations_Imms_STBBI_RespDirect_VectorZoo_Enterics	Immunization and all IOM/CD
Designated_Panorama_Administrator	(DPA) IOM investigation record maintenance, pre/post merge QA
Inventory_User	Vaccine inventory (Health org)
Inventory_MoH_User	Vaccine inventory (lab)

PLEASE SELECT IF YOU HAVE A USER ACCOUNT FOR ANY OF THE FOLLOWING IN ANY ORGANIZATION

<input type="checkbox"/> SCI	<input type="checkbox"/> iPHIS Reporting	<input type="checkbox"/> EMC
<input type="checkbox"/> eHR Viewer	<input type="checkbox"/> HQC	<input type="checkbox"/> Microstrategy

If you do not have one of the accounts mentioned above, to complete the User registration process, you must complete the online self-registration at: <https://services.ehealthsask.ca/myehealth>

Panorama User Roles and Responsibilities

Notes:

- User access is audited.
- Inappropriate use of the Panorama shall be reported to the eHealth Saskatchewan's Chief Privacy Officer.
- Any violation of privacy legislation will be investigated and addressed.
- Users are responsible for completion of the training available on the Panorama Program Page.
- Users are responsible for ensuring that the use of Panorama data is on a need-to-know basis for the purpose of their health care work and it is in accordance with their health organization's policies and procedures and HIPA.
- Users must be authorized by an Authorized Approver within an Approved Organization.
- A User is identified and authenticated by an Authorized Approver to view and use Panorama data. The Approved Organization and the Approver are accountable for actions of the User

Panorama User Access Agreement

The Panorama Joint Service and Access Policy (“JSAP”) gives your health care organization the right to authorize you to access the Panorama solution, and outlines the obligations of both you and your organization to only access Panorama in compliance with the JSAP.

As an employee, contracted employee, student, or other service provider, I understand that as an authorized user of Panorama I will have access to confidential client information that includes, but is not limited to, information relating to client registration, immunizations, and/or communicable disease and outbreak investigations stored in Panorama (Panorama Information).

As a condition of being granted user rights and permissions for Panorama, I acknowledge that I am permitted to access and use the Panorama Information only for authorized health purposes or such other purposes that may be permitted by law, and that my access to and use of the Panorama Information is limited to that information I need to perform the legitimate duties within my health care organization that are specific to the role(s) for which I was authorized as a user.

In Particular:

1. I understand that the Panorama Information I use in the performance of my duties is confidential;
2. I understand that my use of and access to the Panorama Information must be in accordance with the Panorama Immunization/Investigations & Outbreak Management Joint Service and Access Policy and that I have reviewed that Policy;
3. I understand that a client's express consent is required to disclose Panorama Information to a third party, except where applicable law permits disclosure of the information without consent or on an implied consent basis;
4. I understand that I am not permitted to access or use Panorama Information regarding myself, my spouse, family members, friends, acquaintances, co-workers, and any other person for purposes unrelated to my duties. This includes looking up birth dates, addresses, immunization or investigations and outbreak information for personal use, out of curiosity or for any other purposes other than those for which the Panorama Information is intended;
 - 4.1 I further understand that unauthorized use also includes printing or exporting any information including the names, birth dates, addresses, and clinical data of clients for purposes other than those for which Panorama has been approved;
5. I understand that any disposal of documents containing Panorama Information must be done by way of secure disposal which in accordance with my health care organization's policies;
6. I acknowledge that I am responsible and accountable for all activities conducted on the computer network under my Panorama user account and I am not to share my Panorama user account or password with others; and
7. I acknowledge that Panorama is audited and my activity may be monitored in order to protect and maintain the integrity of the system and to ensure compliance with privacy policies and procedures.

I understand that the consequences for not acting in accordance with this agreement include discipline and possible termination of my employment/service. I also understand that legal action may result from breach of these terms and may include prosecution of an offence where actions violate the provisions of the law. I understand that my name may be released to a complainant as part of full disclosure in a proven case of breach of privacy. In some circumstances, when a client requests information about who has accessed their personal health information, your name could be released following an assessment of the request.

I hereby acknowledge the above obligations regarding my user rights and permissions associated with Panorama:

User's Legal Name: _____

Signature: _____

Date: _____

User Organization/Operating Legal Name: _____

Authorizing Signature: _____

Printed Name and Title: _____

Date: _____

Street Address (Mailing): _____

City and Province: _____

Postal Code: _____