

## Panorama – First Nation Organization Access Request Form

*This form is specifically for FNIH, NITHA and/or Transferred communities.*

*If you have any questions, you may call Al Hudson from First Nations and Inuit Health at 306-780-3163.*

**Instructions:** Please review, fill in and print the form, then sign on p.1 and p.4. You may scan and email the completed and signed form to [al.hudson@canada.ca](mailto:al.hudson@canada.ca). Please allow for up to 3 weeks for processing.

### REQUESTING ORGANIZATION INFORMATION:

Organization Legal Name (Please Print):

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

I acknowledge that I, head of the Requesting Organization, have read and agree to the responsibilities and uses as described in this form and my obligations under *The Health Information Protection Act (HIPA)*, *The Public Health Act, 1994* and *The Disease Control Regulations Section 22.01*.

I also confirm that I have the authority to make the requests outlined on this form on behalf of the Community Health Organizations listed below.

This section **must** be signed by the Head of the Organization requesting access to Panorama. The Head of the Organization could be the Director or CEO of the Organization, the Tribal/Band Chief, or Health Director, depending upon the reporting structure.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(YYYY/MM/DD)

**COMMUNITY HEALTH ORGANIZATION NAME(S)** (Fill in with the names of all applicable Community Health Service Delivery Organization(s) for which your organization assumes responsibility, and separate each with a semi-colon (;). The name should be written as it should be represented in Panorama – e.g., Blue Bay Health Centre):

*The next section allows you to designate one or more person(s) in your organization who will approve other members in your organization to use the Panorama system. If any of the organization(s) named in the COMMUNITY HEALTH ORGANIZATION NAME(S) section above has (a) different Authorizer(s), a separate form will need to be submitted for that/those Community Health Organization(s).*

## DESIGNATION OF AUTHORIZED APPROVERS

Please complete the following section with a minimum of one Authorized Approver. Authorized Approvers will need to register for a myeHealth account to receive an email notification when members of your Organization request user rights to Panorama. Authorized Approvers will then be required to approve those members who will be allowed to have access (“approved users”). Please note that approvers can receive authorization to approve users for different roles associated to Panorama – i.e., DIA, Provider, Support (clerk/CHR), and Reminder/Recall.

| Last Name       | First Name | Email Address        | Role(s) for which Approver is authorized<br>(please check all that apply) |                       |               |                    |
|-----------------|------------|----------------------|---|-----------------------|---------------|--------------------|
|                 |            |                      | Designated_Immunization_Administrator (DIA)                               | Immunization_Provider | Support_Staff | SK_Reminder_Recall |
| [Example] Smith | John       | John.smith@gmail.com | X   |                       | X             |                    |
|                 |            |                      |   |                       |               |                    |
|                 |            |                      |   |                       |               |                    |
|                 |            |                      |   |                       |               |                    |

## Agreement

This Agreement is specific to accessing Panorama.

### Panorama - Approved Organization Roles & Responsibilities

Approved Organizations are responsible for ensuring that:

- The Organization’s designated Authorized Approver(s) have completed all required training as well as have read and understand the roles and responsibilities of Authorized Approvers.
- Appropriate physical, organizational and technological safeguards are in place within their Organization to protect the security and integrity of the Panorama data.
- Panorama data is used only for authorized purposes.
- The Organization is responsible for the management of Authorized Approvers including additions and timely deletions.
- The Approved Organization and any designated Authorized Approvers are accountable for the actions of approved users within your organization.
- The Organizational head can delegate the responsibility for managing Panorama Authorized Approvers to someone within the Organization by sending an email or letter identifying the responsible individual to the eHealth SK Service Desk.

### Panorama - Authorized Approver Roles & Responsibilities

Designated Authorized Approvers are responsible for:

- Reviewing and approving Panorama access requests for their Organization(s) as required.
- Keeping the approved users list up to date for their Organization(s).
- Being accountable for the actions of any approved users within their Organization(s).

### *Panorama - User Roles & Responsibilities*

#### Approved users are responsible for:

- Using Panorama data for authorized purposes only and in accordance with their Organization's policies and procedures.

#### Note:

- **User access is audited.**
- **Inappropriate use of Panorama shall be reported to the Ministry of Health and may result in revocation of the user's and/or Organization's access privileges.**

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### *Managing Requests for Secondary Use of First Nation Data in Panorama*

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Section 22.01 of the *Disease Control Regulations*, under *The Public Health Act, 1994*, outlines the collection, use and disclosure of information in Panorama, the basis of which is to ensure the prevention and control of vaccine preventable diseases. In the event that eHealth SK and/or the Ministry of Health receives a request for First Nation community level data for research purposes, the request will be forwarded to the Head of the First Nations Community to approve the data access request regardless of whether the First Nations community is a current user of Panorama.

### *Panorama Readiness Checklist*

The following list of readiness items must be completed before access to Panorama will be actioned. If you have not already connected with FNIH/NITHA to review the Panorama Deployment Preparation Package, please do so before completing the attached form and checklist.

Please check the list and ensure that the Head of Organization, as identified on p.1 of the First Nation Organization Access Request Form, signs below confirming that these are completed. Thank you.

| Readiness Item  | Checkmark                |
|---|--------------------------|
| • Hardware/Software/Connectivity meets requirements   | <input type="checkbox"/> |
| • Business and IT support mechanisms are established and accessible   | <input type="checkbox"/> |
| • Training plan for users has been established  | <input type="checkbox"/> |
| • Back-data entry plan is established based on historical immunizations for clients from 1996 to date   | <input type="checkbox"/> |
| <i>Note: A minimum set of data for all publicly-funded vaccines administered during that time period must be entered into Panorama, except for adult flu shots.</i> | <input type="checkbox"/> |
| • Privacy & Security policies are established, and staff trained on their application   | <input type="checkbox"/> |
| • Process to track users and notify eHealth SK of changes is in place   | <input type="checkbox"/> |
| • The Organization Access Request Form has been completed and signed  | <input type="checkbox"/> |

\_\_\_\_\_

***Head of Organization – Signature***

\_\_\_\_\_

***YYYY/MM/DD***