PROVIDER REGISTRY SYSTEM (PR2)
ACCOUNT REQUEST FORM

eHealth Saskatchewan

▶ Call the Service Desk 1-888-316-7446 (local 337-0600) if you are unclear about any fields below.
▶ The Service Desk will complete the request within two 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 type	☐ Remove

User's Full Name printed:		Work Phone #:	
Position Title:		Email Address:	
Organization Name:		Fax Number:	

Environment	☐ Production	☐ User Acceptance Test (UAT)	☐ Sandbox
User Role	☐ Read Only – Source User	☐ Read/Write Permissions-Source User	☐ Read Only – Consumer

User Organization Data Permissions (please check all that apply)	☐ CPSS – Physicians	☐ SRNA – Nurses	☐ eHS – Locations
	☐ CDSS – Dentists	☐ SRNA – Nurse Practitioners	☐ All Data
	☐ SCP – Pharmacists	☐ SAO – Optometrists	
	☐ SCP – Pharmacies	☐ eHS – Unlicensed Providers	

User's Agreement

General Agreement

• As a user of the system, I recognize the importance of securing personal health information of our patients.
• I agree to utilize the information included in the system for the purposes authorized by my Regional Administrator or their designate.
• I recognize that the use of this data for unauthorized or unlawful purposes is strictly prohibited and is subject to prosecution by the Government of Saskatchewan or its agents.

Workstation Security

• I agree to keep secure all data available to me in the system. I will not allow unauthorized users to access this information.
• I will keep private all passwords associated with the system.
• I have secured my workstation with a screen-saver password to assure security should I leave my machine for an extended period of time.

I have read, and accept, the General Agreement and the Workstation Security Policy.

User's signature: _____   _____
                                                      Date (YY/MM/DD)

Service Authorization

I acknowledge that the subscriber is permitted access to the selected services.

Date access is required: _____
                                        Date (YY/MM/DD)

Requestor (Manager/Supervisor) Information
Name: _____   _____
              (please print)   Work Phone Number

Signature: _____   _____
                                                Date (YY/MM/DD)

Authorized Approver's Information
Name: _____   _____
              (please print)   Work Phone Number

Signature: _____   _____
                                                Date (YY/MM/DD)

If you need the name of an authorized approver, please call the Service Desk 1-888-316-7446 (local 337-0600)
The most recent version of this form can be downloaded at: http://www.ehealthsask.ca/forms