

RADIOLOGY INFORMATION SYSTEM (RIS) ACCOUNT REQUEST FORM

If you are unclear about any field below, call the Service Desk at 1-888-316-7446 or (306) 337-0600.

The Service Desk will complete the request within five business days from receiving the request.

Return to: Fax Number: 306-781-8480						
Email: <u>servicedesk@eh</u>	ealthsask.ca					
1. User Information						
Type of request (check one)	: New User	Cha	nge in User Type	☐ Inactivate User		
User's Full Name (Printed):			Work Phone #:			
Working Title (Function):			Date Access Required:			
Email Address:						
2. Environment:	Production	EFC		R1Q		
3. Account Information	n:					
Does the User have an accor	unt to log on to the Regional	Health Ne	twork?			
Yes, please provide the	e login ID:					
☐ No, please submit an A	Access and Network Account	Authorizat	ion Form.			
☐ No, network account needed. ☐ S.I.P.P.A						
☐Remote Radiologist (de	oes not use eHS PS360) 🔲 (CPSS # for	PS360:			
4. Regional Access (c	heck Add or Remove for all a	applicable	facilities)			
Cypress Add Remove Cypress Regional Ho Herbert & District In Leader Integrated Fo	•	A [pital & Care Centre Facility - Maple Creek		
Five Hills Add Remove Dr. F.H. Wigmore Re Assiniboia Union Ho	gional Hospital - Moose Jaw spital	A	dd Remove St. Joseph's Hos	pital - Gravelbourg		
Heartland Add Remove Kindersley Hospital and District Health Centre Biggar Hospital and District Health Centre Davidson Health Centre Kerrobert Integrated Health Centre			dd Remove Rosetown Health Centre Unity and District Health Centre Outlook and District Health Centre			
Kelsey Trail Add Remove Athabasca Health Fa Melfort Hospital Carrot River Health Hudson Bay Health	Centre	A [] [] [] [] [] [] [] [] [] [] [] [] []	Remove Kelvington and A Nipawin Hospita Porcupine Carra Tisdale Hospital	al .		
Keewatin Yatthé Add Remove La Loche Health Cer		A	Id Remove St. Joseph's Hea	lth Centre - Ile a la Crosse		
Mamawetan Churchill Rive Add Remove La Ronge Health Ce						

Add Remove	pert Parkland ctoria Hospital - Prince Albert	Add	Add Remove Spiritwood & Distract Health Centre			
	Prairie North					
Add Remove Battlefords Union Hospital - North Battleford Lloydminster Hospital Maidstone Health Complex		Add	Remove Meadow Lake Hospital Riverside Health Compl	lex - Turtleford		
Regina Qu	u'Appelle		٨٨٨	Pomovo		
Add Remove General Hospital - Regina Pasqua Hospital - Regina Mascana Rehabilitation Centre - Regina All Nations Healing Hospital - Fort Qu'Appelle Balcarres Integrated Care Centre Grenfell Health Centre Long Lake Integrated Facility - Imperial			Broadview Union Hospi Indian Head Union Hospi Southeast Integrated Community Wolseley Memorial Uni Montmartre Health Cer	pital are Centre - Moosomin Care Centre - Lestock ion ntre		
Saskatoo			Add			
☐ Royal University Hospital - Saskatoon ☐ Saskatoon City Hospital ☐ St. Paul's Hospital - Saskatoon ☐ Humboldt District Health Complex ☐ Lanigan Hospital			☐ Rosthern Hospital ☐ Wadena Hospital ☐ Watrous Hospital ☐ Wynyard Integrated Hospital			
Sun Coun	•		Add			
 Weyburn General Hospital St. Joseph's Hospital - Estevan Arcola Health Centre Galloway Health Centre - Oxbow 			 ☐ Redvers Health Centre ☐ Kipling Integrated Health Centre ☐ Radville Marion Health Centre 			
Sunrise	·			_		
Add Remove St. Peter's Hospital - Melville St. Anthony's Hospital - Esterhazy			Add	Remove ☐ Canora Hospital ☐ Kamsack Hospital & Nu	ursing Home	
Saskatchewan Cancer Agency Add Remove Add Remove						
Add Remove SCA SPBC Regina SCA SPBC Saskatoon				SCA SPBC Mobile Bus		
5. User	Type Requested (select on	ly one):				
DBC:	Charge Services*	Scheduling Mana	agen	nent DP	roxy	
	RadNet* Health Records				upervisor*	
RadNet: Clerk Obstetrician*			ПТ	ransporter		
			ection 6 if selected)**	·		
	Mammography Technologist*		_	ist*		
□ Nurse □ Read Only Office Hybrid: □ Office □ Porter		!	□ -	l. Dl *		
. OfficePorter			1	ech Plus*		
☐ Office Plus ☐ Tech* eHealth: ☐ Data Management ☐ Service Desk						
eHealth: Data Management Service Desk Other(please specify):						
* need to add to Radiology Technologist User Group ** need to add to Radiologist User Group						

Radiologist Resident Remote Radiologist (does not use eHS PS360)	6. Radiologist Inf	ormation					
Allow proxy for - list all radiologists that the user listed can proxy for (attach list if needed): 7. Service Authorization I acknowledge that the User is permitted access to the selected services. Manager/Supervisor (if applicable) Name: [please print] Signature: Oate (YY/MM/DD) Authorized Approver (required): Name: [please print] Signature:	Radiologist	Resident	Remote Radiologist (does not use eHS PS360)				
7. Service Authorization I acknowledge that the User is permitted access to the selected services. Manager/Supervisor (if applicable) Name: [please print] Signature: Date (YY/MMM/DD) Authorized Approver (required): Name: [please print] Signature:	Allow proxy by - list all radiologists that can proxy for the user listed (attach list if needed):						
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Name: Comparison of Compari			e selected services.				
Signature: Authorized Approver (required): Name: (please print) (please print) Signature:	Manager/Supervisor (if applicable)					
Signature: Date (YY/MM/DD)							
Signature: Authorized Approver (required): Name: (please print) Signature:	Name:		(nlease print)				
Authorized Approver (required): Name: (please print) Signature:	Signature:		(1-2-2-2-1				
Name: (please print) Signature:			Date (YY/MM,	/DD)			
(please print) Signature:	Authorized Approver ((required):					
(please print) Signature:	Name:						
			(please print)				
Deta IVV IAAA IDDI	Signature:						
Date (אין אווא) שמte (אין אווא) שמte (אין אווא) שמני (אין אווא) שמני (אין אווא) שמני (אין אווא) שמני (אין אווא			Date (YY/MM)	/DD)			

If you need the name of an Authorized Approver, please call the Service Desk 1-888-316-7446 or (306) 337-0600. The most recent version of this form can be downloaded at http://www.ehealthsask.ca/forms.