



Referral Management Services(RMS) Account Request Form

- ▶ 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 of 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 Role Remove

User's Full Name Printed	First Name	Last Name
Email address		Telephone #

Do you have an existing myeHealth account (example: eHRViewer, Panorama, SIS, sharepoint, SCI). If yes, please provide your existing user id below.

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>

Do you have access to PHRS, PHRS view, SIS or SSCN? If yes, please provide your username(s) and what application they apply to below.

User Role Requested:

RMS Web Application RMS (employees only)

- I am a physician
- I am a delegate and I require access for the following physicians:

RMS User roles and responsibilities:

- Users must be authorized by an Authorized Approver within an Approved Organization.
- Users are responsible for ensuring that the use of RMS 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 who are viewing data within the RMS application are responsible for selecting the correct patient and for protecting the information from use for purposes other than health care delivery.

Note:

- User access is audited.
- Inappropriate use of RMS shall be reported to the eHealth Saskatchewan's Chief Privacy Officer.
- Any violation of privacy legislation will be investigated and addressed.

Appendix B

Authorized Approver's Information

Name: _____
(please print) _____ Work Phone Number _____

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

Physician signature is required when access is being requested for office staff

If you need the name of an authorized approver, please call the eHealth Service Desk at 1-888-316-7446 (local 306-337-0600)