

## SAIL OXYGEN INFORMATION SYSTEM (SOIS) REQUEST FOR OXYGEN SUPPLIER APPROVAL

### Terms and Conditions of Use

*The Saskatchewan Aids to Independent Living (SAIL) Oxygen Information System (SOIS) is an application that allows authorized users to view identification and oxygen coverage data and to submit invoices and equipment reports on individuals who are registered with the Ministry of Health's SAIL Home Oxygen Program for the purpose of providing access to benefits. The purpose of the SOIS is to provide authorized health care providers with the most appropriate and accurate information available. Access is limited to those individuals assigned by the Ministry to each Oxygen Supplier.*

### SOIS Approved Oxygen Suppliers Roles & Responsibilities

- Approved Oxygen Suppliers are responsible for designating Authorized Approvers and ensuring that they understand and have agreed to the Authorized Approver Roles and Responsibilities as outlined below and in the Agreement between the Ministry and the Oxygen Supplier.
- Approved Oxygen Suppliers are responsible for ensuring that appropriate physical, organizational, and technological measures will be put in place within their organization to protect the security and confidentiality of SOIS data.
- Approved Oxygen Suppliers are responsible for ensuring that SOIS data is used only on a need-to-know basis for the authorized purposes outlined below and in accordance with the Health Information Protection Act (HIPA).
- Approved Oxygen Suppliers are responsible for ensuring that changes to designated Authorized Approvers are reported to the Ministry in a timely manner. This includes changes, additions and deletions.

### SOIS Authorized Approver Roles & Responsibilities

- Authorized Approvers are responsible for ensuring that Users requesting accounts have read and understand their Roles and Responsibilities as outlined below and in the Agreement between the Ministry and the Oxygen Supplier
- Authorized Approvers are responsible for ensuring that appropriate physical, organizational, and technological measures will be put in place within their organization to protect the security and confidentiality of SOIS data.
- Authorized Approvers are responsible for ensuring that SOIS data is used only on a need-to-know basis for the authorized purposes outlined below and in accordance with HIPA.
- Authorized Approvers are responsible for verifying that the request is only for the authorized purposes.
- Authorized Approvers are responsible for ensuring that changes to designated Users are reported to the Ministry in a timely manner. This includes changes, additions and deletions.

### SOIS User Roles & Responsibilities

- Users are responsible for ensuring they have read and are familiar with the Agreement between the Ministry and the Oxygen Supplier.
- Users are responsible for ensuring that the use is related to the 'need to know' for the purpose of their healthcare work and it is in accordance with their employer's policies and procedures and HIPA.
- Users must use SOIS data only in accordance with this request and/or as authorized by the Ministry of Health.
- Users must be authorized by an Authorized Approver within an Oxygen Supplier. Approvers and Oxygen Suppliers must be authorized by the Ministry of Health.
- A User is identified and authenticated by an Authorized Approver to view, submit and use SOIS data. The Oxygen Supplier and the Approver are accountable for actions of the User.
- Users who are viewing data on the SOIS are responsible for the privacy and security of the information obtained.
- User access is audited.
- Inappropriate use of the SOIS shall be reported to the eHealth Saskatchewan's Chief Privacy Officer.
- Any violation of privacy legislation and Ministry Privacy and Security policy will be dealt with according to the Ministry's Privacy and Security Breach Management protocols.

### Use is Consistent with the Purpose

The use of the SOIS, services and applications must be in accordance with a 'need to know' basis for the purposes of: (One or more should apply to the User's needs.)

- Viewing SAIL Home Oxygen Program coverage information, including approvals and rejections, for those individuals assigned to the Oxygen Supplier by the Ministry.
- Uploading invoices for qualifying beneficiaries of the SAIL Home Oxygen Program.
- Submitting equipment reports as outlined in the Agreement between the Ministry and the Oxygen Supplier.

### **Use is Appropriate to User's Need to Know**

- SOIS displays both current and historical SAIL Home Oxygen Program coverage information as entered by the Ministry.
- SOIS provides a platform for the uploading of invoices and entering of equipment reports by the User and displays historical payment and equipment report information.

### **Restrictions on Use**

The SOIS will not be used for the following purposes:

- To look up information on a person(s) for personal reasons.
- To provide unauthorized research data or reports.
- To use or reuse data in a manner that is not consistent with HIPA.
- To use information for any other purpose other than the identified stated purpose.

### **Training Options**

- The User can receive training from their Oxygen Supplier's designated trainer.
- SAIL will provide an instruction guide to the Oxygen Supplier.
- Support is provided by the Service Desk 1-888-316-7446 (Regina 337-0600)

### **Workstation Security**

- The User will secure all data available from the SOIS. Access by unauthorized users will not be permitted.
- The User will keep all passwords associated with the system private.
- The User will secure the workstation with a screen-saver password to assure security when the machine is left unattended for an extended period of time.



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► Call Saskatchewan Aids to Independent Living (306) 787-7121 if you are unclear about any fields below.

**Return to:** Drug Plan and Extended Benefits Branch, 3475 Albert Street, Regina SK S4S 6X6  
Fax Number: 306-787-8679

**Requesting Oxygen Supplier Description**

Date of Request:	
Oxygen Supplier Name:	
Address:	

**Oxygen Supplier Contact Information**

<b>Contact's Full Name printed:</b>		Work Phone #:	
Working Title:		Email Address:	
Address:			

**Purpose for Request (Check all that apply)**

Viewing SAIL Home Oxygen Program coverage information, including approvals and rejections, for those individuals assigned to the Oxygen Supplier by the Ministry.

Uploading invoices for qualifying beneficiaries of the SAIL Home Oxygen Program.

Submitting equipment reports as outlined in the Agreement between the Ministry and the Oxygen Supplier.

**Agreement (must be signed by the contact designated in the Agreement between the Ministry and Oxygen Supplier)**

I acknowledge that I, as representative of the Oxygen Supplier, have read and agree to the responsibilities and use as described in this form and in the Agreement between the Ministry and the Oxygen Supplier, and my obligations under HIPA.

I further acknowledge that the Authorized Approvers designated below have read and signed this form and understand their roles and responsibilities as described in this form and in the Agreement between Ministry and the Oxygen Supplier, and their obligations under HIPA.

**Requestor's Information**

Requestor's Name: \_\_\_\_\_ (please print) \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_ Date (YY/MM/DD) \_\_\_\_\_

Requestor's Title: \_\_\_\_\_

The most recent version of this form can be downloaded at: <http://www.ehealthsask.ca/forms>



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**Designation of Authorized Approvers:**

The names and signature samples below will be used to verify SOIS User Account Requests received by the eHealth Saskatchewan Service Desk. Only SOIS Account Request Forms from the following designated Authorized Approvers will be accepted.

Authorized Approver's Name: \_\_\_\_\_  
(please print) Work Phone Number \_\_\_\_\_

Authorized Approver's Signature: \_\_\_\_\_  
Date (YY/MM/DD) \_\_\_\_\_

Authorized Approver's Name: \_\_\_\_\_  
(please print) Work Phone Number \_\_\_\_\_

Authorized Approver's Signature: \_\_\_\_\_  
Date (YY/MM/DD) \_\_\_\_\_

Authorized Approver's Name: \_\_\_\_\_  
(please print) Work Phone Number \_\_\_\_\_

Authorized Approver's Signature: \_\_\_\_\_  
Date (YY/MM/DD) \_\_\_\_\_

**eHealth Saskatchewan Review and Approval:**

Approved  Denied

Reason:

Authorized Approver's Signature: \_\_\_\_\_  
eHealth Saskatchewan Date (YY/MM/DD) \_\_\_\_\_

Authorized Approver's Signature: \_\_\_\_\_  
Policy and Planning Branch Date (YY/MM/DD) \_\_\_\_\_

Authorized Approver's Signature: \_\_\_\_\_  
Health Registr Date (YY/MM/DD) \_\_\_\_\_

Authorized Approver's Signature: \_\_\_\_\_  
Drug Plan and Extended Benefits Branch Date (YY/MM/DD) \_\_\_\_\_

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