

## The SHA Contact Tracing Application (GO.DATA) USER 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 from receiving the request.

Email form to: <a href="mailto:servicedesk@ehealthsask.ca">servicedesk@ehealthsask.ca</a>

User Information								
Type of Request (check one):		☐New User ☐Modify U		User Role [	☐Suspend User		☐Delete User	
User's Full Name:		First Name				Last Name		
Work Phone:				Team:				
Email Address:				User Role:				
Go Data User Roles and Responsibilities								
<ul> <li>User access is audited.</li> <li>Inappropriate use of Go.Data shall be reported to the eHealth Saskatchewan's Chief Privacy Officer and the Privacy Officer of your Approved Organization.</li> <li>Any violation of privacy legislation will be investigated and addressed.</li> <li>Users are responsible for completion of the training available on the Go.Data Collaboration Team site.</li> <li>Users are responsible for ensuring that the use of Go.Data data is on a need-to-know basis and it is in accordance with their health organization's policies and procedures and is compliant with relevant legislation.</li> <li>Users must be authorized by an Authorized Approver within an Approved Organization.</li> <li>A User is identified and authenticated by an Authorized Approver to view and use Go.Data data. The Approved Organization and the Authorized Approver are accountable for actions of the User.</li> <li>I hereby acknowledge the above obligations regarding my User roles and responsibilities associated with Go.Data:</li> </ul>								
User's Legal N	ame: _							
User Organiza	tion/Ope	erating Legal Nam	e:					
			Ackno	wledge Date:				
Authorized Approver:								
Approver Nam	ne: _							
Approval Date:								
IMPORTANT: Form must be emailed by an Authorized Approver to the eHS Service Desk								