



SUPPLEMENTAL HEALTH CLAIMS PROCESSING (SHCP) ACCOUNT REQUEST FORM

- ▶ 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 five 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 #:	_____
Working Title:	_____	Email Address:	_____
Facility Name:	_____	Health Region:	_____

eHealth Saskatchewan Domain Account **Note: access to SHCP is granted via a HEALTH Domain account**

Do you already have a HEALTH account? (check one) Yes No

If Yes, please indicate your account name: _____

If No, please submit a eHealth Saskatchewan Network Account Authorization Form

Groups:	<input type="checkbox"/> Assessor	<input type="checkbox"/> Manager	<input type="checkbox"/> Ambulance Consultant	Review Level:	<input type="checkbox"/> All	<input type="checkbox"/> Assessor
	<input type="checkbox"/> Basic User	<input type="checkbox"/> Administration	<input type="checkbox"/> Ambulance Manager		<input type="checkbox"/> Basic User	<input type="checkbox"/> Consultant
	<input type="checkbox"/> Consultant	<input type="checkbox"/> Res Assessor	<input type="checkbox"/> Ambulance Upload		<input type="checkbox"/> Senior User	<input type="checkbox"/> Manager
	<input type="checkbox"/> Dentist	<input type="checkbox"/> Program Admin				

Supplemental Health Claims Processing (SHCP) User's Agreement

General Agreement

- As a user of SHCP System, I recognize the importance of securing personal health information of our patients.
- I agree to utilize the information included in the SHCP System for the purposes authorized the Drug Plan & Extended Benefits Branch Head 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 SHCP 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.

Service Authorization

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

I acknowledge that the subscriber is permitted access to the selected services. **Date access is required:** _____ Date (YY/MM/DD) _____

Requestor (Manager/Supervisor):

Name: _____ (please print) _____ Work Phone Number _____
Signature: _____ Date (YY/MM/DD) _____

Service Authorizer Approver:

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>