



SASKATCHWAN SURGICAL CARE NETWORK (SSCN) 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 two days from receiving the request.

Return to: Fax Number: 306-781-8480

Email: servicedesk@ehealthsask.ca

- ▶ If the user will access multiple Surgeons' patient data, complete a separate form approved for each Surgeon.

User Information

Service Environment (check one): Production User Acceptance Test (UAT)

Type of request (check one): New user Change in user information Remove Access

User's Full Name printed: _____ Phone number: _____

Position Title: _____ Email Address: _____

RHA: _____ Fax Number: _____

Facility Name: _____

Is the hardware supported by the RHA? Yes No

Access Type

RHA Admin Surgeon User Section Head/Chief of Surgery (specify below)

RHA User OR Manager User RHA Executives (specify below)

If Access Type is "RHA Executives" or "Section Head or Chief of Surgery" then please check **ALL** applicable specialties listed below:

General Surgery Gynecology Neurosurgery Plastics OMFS CV

Ophthalmology Orthopaedics Urology Thoracic ENT

User's Agreement

General Agreement

- As a user of the system, I recognize the importance of securing personal health information of our patients.
- I agree to utilize the information included in the system for the purposes authorized by my Regional Administrator 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 the 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

I have read, and accept, the General Agreement and the Workstation Security Policy.

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

Date access is required: _____ Date (YY/MM/DD) _____

Approved by RHA Administrator:

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

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

Approved by Surgeon (Required only when requesting Surgeon User access for a position title other than surgeon.)

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

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

FOR eHealth Saskatchewan's USE ONLY

Approved by Surgical Manager: _____

IR Number: _____ PRS Access Requested: _____

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