



STATISTICAL ANALYSIS SYSTEM (SAS) 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 SAS Access Remove

User's Full Name printed:		Work Phone #:	
Working Title:		Email Address:	
Branch / Unit or RHA:		Facility Name:	

If user is switching branches or leaving SAS, it is **critical** to notify the Service Desk as soon as possible to ensure licensing records are updated appropriately and licenses are released for redeployment.

eHealth Saskatchewan Domain Account **Note:** *access to SAS 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

Data Access Profile Required

Note: It may be necessary to consult the Data Warehouse/SAS Administrator to complete the following section.

Add	Create	Remove	Specify permissions requested
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Branch File Sharing User
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Branch Enterprise Guide User (please complete 'Additional Unix groups or Folders on SAS drive' section below):

Additional Unix groups or Folders on SAS drive: _____ Please check all that apply
 Read Write

Statistical Analysis System (SAS) User's Agreement

General Agreement

- As a user of the system, I recognize the importance of securing personal health information of our clients.
- I agree to utilize the information included in SAS data stores for the purposes authorized by my Branch/Unit or Regional Health Authority.
- 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 SAS. 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) _____

Requestor Authorization

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) _____

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