



TELEHEALTH SERVICES
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 business days from receiving the request.

Return to: Fax Number: 306-781-8480

Email: servicedesk@ehealthsask.ca

User Information

Type of Request(check one): [radio] New User [radio] Change in User Type [radio] Remove

Form fields for User Information: Full Name (printed), Working Title(function), Facility Name, Signature, Work Phone #, Email Address, Partner, Date.

Partner Authorization:

Form fields for Partner Authorization: Full Name (printed), Working Title(function), Facility Name, Signature, Work Phone #, Email Address, Partner, Date.

Account Access: (select all that apply)

All users will be granted permissions based on the role selected, including default notifications. The Full Access will provide access to all Telehealth Saskatchewan sites. The View Only Access will allow users to view conferences and details only (no edits can be made).

- TMS - Coordinator Full Access
TMS - View Only Access
Telehealth Sharepoint Site - Full Access
Online Clinical Booking Form - Provider Office Access
Online Clinical Booking Form - Coordinator Access

FOR PROVIDER OFFICE ONLY (Admin Provider List):

Four horizontal lines for provider list input.

eHealth Authorized Designate: (office use only)

I acknowledge that the subscriber is permitted access to the selected services.

Form fields for eHealth Authorized Designate: Full Name (printed), Signature, Work Phone #, Date.

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