



**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: HISCTelehealthSupport@eHealthsask.ca

User Information

Type of Request(check one): **New User** **Change in User Type** **Remove**

| | | | |
|---------------------------------|--|-----------------------|--|
| Full Name (printed): | | Work Phone #: | |
| Working Title(function): | | Email Address: | |
| Facility Name: | | Partner: | |
| Signature: | | Date: | |

Partner Authorization

| | | | |
|---------------------------------|--|-----------------------|--|
| Full Name (printed): | | Work Phone #: | |
| Working Title(function): | | Email Address: | |
| Facility Name: | | Partner: | |
| Signature: | | Date: | |

Account Access - All users will be granted permissions based on the role needed:

| TELEHEALTH COORDINATORS | PROVIDER OFFICES |
|---|--|
| Online Clinical Booking Form TMS – Full Access | Online Clinical Booking Form TMS – View Only Access <u>PROVIDER ACCESS NEEDED (LIST)</u> |
| | |
| | |
| | |

eHealth Authorized Designate: (office use only)

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

| | | | |
|-----------------------------|--|----------------------|--|
| Full Name (printed): | | Work Phone #: | |
| Signature: | | Date: | |

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