

## VITALWARE 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

### User Information

Type of request (check one): ☐ New user ☐ Change in User Information ☐ Remove Access

User's Full Name printed: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Working Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Environment ☐ Production ☐ User Acceptance Test (UAT)

### Group Type

☐ Admin ☐ CST Phones ☐ Customer Experience

☐ Mail Room ☐ Management ☐ Production

☐ Registration ☐ Restricted ☐ Team Leads

### User's Agreement

#### General Agreement

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

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)

### Manager's Information

Name: \_\_\_\_\_ (please print) \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Signature: \_\_\_\_\_ Date (YY/MM/DD) \_\_\_\_\_

### Authorized Approver's Information

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>