

EHR VIEWER REQUEST FOR ORGANIZATION APPROVAL

Instructions: Please fill in this form, print it, and sign it (2 pages in total). You may then either: fax the completed and signed forms to the eHealth Service Desk at 306-781-8480 or scan the completed and signed forms then email them to ServiceDesk@eHealthsask.ca.

If you require additional assistance please call the eHS Service Desk at: 1-888-316-7446 (local 306-337-0600).

REQUESTING ORGANIZATION INFORMATION:

Organization Service Type: Physician Office / Clinic Community Pharmacy

Regional Health Authority Other (describe): _____

Organization Legal Name: _____

Organization Name (if different from Legal Name): _____

Primary Administrative Contact Name: _____

Street Address: _____ City: _____

Postal Code: _____ Email: _____

Telephone: _____ Fax: _____

Designation of Authorized Approvers

Please fill out the following section with a **minimum of 1** Authorized Approver. Approvers will receive email requests to verify that members of your Organization who request access to the eHR Viewer (“Users”) are allowed to have access.

Authorized Approvers				eHR Viewer Access Required	
	Last Name	First Name	Email Address <i>(must be unique)</i>		
1				Yes	No
2				Yes	No
3				Yes	No
4				Yes	No

Authorized CDM-QIP Approvers (must be a physician) The Chronic Disease Management-Quality Improvement Program (CDM-QIP) is a joint initiative between the Ministry of Health, the SMA and eHealth Saskatchewan.

	Last Name	First Name	Email Address <i>(Must be unique)</i>
1			
2			

Agreement

This section **must** be signed by the head of the Organization requesting Approval. The head of the organization could be classified as the Owner, Chief Physician, Chief Executive Officer, or Chief Information Officer.

I acknowledge that I, the trustee or a designated representative of the trustee, have read and agree to the responsibilities as outlined below as well as my obligations under HIPA.

eHR Viewer Approved Organization Roles & Responsibilities

Approved Organizations are responsible for ensuring that:

- The Organization's designated Authorized Approvers have completed the required training as well as have read and understand their roles and responsibilities.
- Appropriate physical, organizational and technological safeguards are in place within their organization to protect the security and confidentiality of the eHR Viewer data.
- eHR Viewer data is used only on a need-to-know basis for the authorized purpose in accordance with *The Health Information Protection Act* (HIPA) and the Joint Service and Access Policy (JSAP).
- The Organization is responsible for the management of Authorized Approvers including additions, deletions and changes in privileges.
- **The Approved Organization and the Approver are accountable for the actions of Users.**

eHR Viewer Authorized Approver Roles & Responsibilities

Authorized Approvers are responsible for ensuring that:

- Users complete the training available on the eHR Viewer Program Page as well as have read and understand their roles and responsibilities.
- Additions, deletions and changes in privileges for user account access is managed for the organization.
- User access is audited on a regular basis.

Note:

- **Inappropriate use of the eHR Viewer shall be reported to the eHealth Saskatchewan's Chief Privacy Officer.**
- **Any violation of privacy legislation will be investigated and addressed. This may include immediate revocation of eHR Viewer access privileges.**

For additional details on any of these bullets, please see the Joint Service and Access Policy (JSAP), a copy of which is available for download on the eHR Viewer Program Home Page.

Head of the Organization Information & Signature:

Name: _____

Title: _____

Signature: _____

Date: _____