

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 members of your Organization who request access to the eHR Viewer ("Users") are allowed to have access.

Authorized Approvers				*Current professional license number*	eHR Viewer Access Required
	Last Name	First Name	Email Address (must be unique)	CPSS/MSB Number	
1					<input type="radio"/> Yes <input type="radio"/> No
2					<input type="radio"/> Yes <input type="radio"/> No
3					<input type="radio"/> Yes <input type="radio"/> No
4					<input type="radio"/> Yes <input type="radio"/> No

Authorized CDM-QIP Approvers (must be 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 (must be unique)	CPSS/MSB Number
1				
2				

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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: _____