eHealth Saskatchewan

eHEALTH SASKATCHEWAN ORGANIZATION APPROVAL REQUEST FORM

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: _____

For eHR Viewer Requests Only:

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
CPSS physicians, surgeons, etc.
CASID chiropractors
CDSS dentists
OPTID optometrists

	Last Name	First Name	Email Address (must be unique)	CPSS/MSB Number
1				
2				
3				
4				

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.

For eHR Viewer Requests Only:

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.**

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: _____

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