

**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.

| <b>Authorized Approvers</b>   |           |            |                                | <b>*Current professional license number*</b> |  |
|---|-----------|------------|--------------------------------|--|--|
| <b>If the Approver needs access to eHR Viewer, select "Yes" under "eHR Viewer Access Required."</b> |           |            |                                | <b>CPSS</b>                                  | physicians, surgeons, etc.                         |
|   |           |            |                                | <b>CASID</b>                                 | chiropractors                                      |
|   |           |            |                                | <b>CDSS</b>                                  | dentists   |
|   |           |            |                                | <b>OPTID</b>                                 | optometrists                                       |
|   | Last Name | First Name | Email Address (must be unique) | CPSS/MSB Number                              | eHR Viewer Access Required                         |
| 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 |           |            |                                |                 |

## eHR VIEWER REQUEST FOR ORGANIZATION APPROVAL

### **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.**

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*Head of the Organization Information & Signature:*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_