



## iPHIS 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 five 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 type / name  Inactivate

<b>User's Full Name printed:</b>		Work Phone #:	
Working Title:		Email Address:	
Health Region / Branch:		Fax Number:	
AD username (SD will complete)			

**Environment** (check one)  Production  User Acceptance Test (UAT)

**Access Required**  CD Module  STD Module

### User's Agreement

#### General Agreement

- As a user of the system, I recognize the importance of securing personal health information.
- I agree to utilize the information included in the system for the purposes authorized by my Regional Executive Director 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/Supervisor 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>