

PACS Joint Services/Access Policy Confirmation

eHealth Saskatchewan Security Policy

I acknowledge @ _____ the following. (Please place checkmark in boxes):

Preparing Your Medical Practice for HIPA and PIPEDA.

eHealth Security Policy.

I have #oK _____ Policy.

I acknowledge receipt of a copy of the PACS Services/Access Policy and that I _____ @ _____
legally bound by, and agree to comply with, the PACS's _____ h

Name: _____

Phone Number: _____

E-Mail Address: _____

Address: _____

Signature/Date: _____

Date Received: _____ (Internal Use Only)