

## PANORAMA USER ACCOUNT REQUEST FORM

Call the Service Desk 1-888-316-7446 (local 306-337-0600) if you are unclear about any fields below

The Service Desk will complete the request within five business days from receiving the request.

**Return to:** Fax Number: 306-781-8480

Email: [servicedesk@ehealthsask.ca](mailto:servicedesk@ehealthsask.ca)

### User Information

Type of Request (check one): ☐ New User ☐ Change in User Role ☐ Add Additional User Role ☐ Remove

User's Full Name printed:

First Name

Last Name

Organization Name:

SDL (Facility):

Work Phone:

Working Title:

Email Address:

User Role:

If the user is a provider, please select a role from the following:

### PLEASE SELECT IF YOU HAVE A USER ACCOUNT FOR ANY OF THE FOLLOWING

☐ SCI

☐ iPHIS Reporting

☐ EMC

☐ eHR Viewer

☐ HQC

☐ Microstrategy

If you do not have one of the accounts mentioned above, to complete the User registration process, you must complete the online self-registration at: <https://services.ehealthsask.ca/myehealth>

### Panorama User Roles and Responsibilities

- Users are responsible for completion of the training available on the Panorama Program Page.
- Users are responsible for ensuring that the use of Panorama data is on a need-to-know basis for the purpose of their health care work and it is in accordance with their health organization's policies and procedures and HIPA.
- Users must be authorized by an Authorized Approver within an Approved Organization.
- A User is identified and authenticated by an Authorized Approver to view and use Panorama data. The Approved Organization and the Approver are accountable for actions of the User.
- Users who are viewing data within the Panorama application are responsible for selecting the correct person from the candidate list and for protecting the information from use for purposes other than health care delivery.
- All Panorama Users must be aware of and review the terms in the Panorama Immunization Management System Joint Service and User Access Policy - it can be accessed at [https://www.ehealthsask.ca/services/panorama/Privacy and Immunization Records/AMENDING AGREEMENT Addition of Schedule C Nov 5 w Appendix.doc](https://www.ehealthsask.ca/services/panorama/Privacy%20and%20Immunization%20Records/AMENDING%20AGREEMENT%20Addition%20of%20Schedule%20C%20Nov%205%20w%20Appendix.doc)

#### Note:

- User access is audited.
- Inappropriate use of the Panorama shall be reported to the eHealth Saskatchewan's Chief Privacy Officer.
- Any violation of privacy legislation will be investigated and addressed.
- If any of the following user roles are requested, the confidentiality agreement on the next two pages must also be completed by the user, signed by their supervisor and submitted to eHealth Saskatchewan along with the account request. If this form is not submitted, the account will not be provisioned. The roles requiring the confidentiality agreement are:
  - o SUPPORT\_STAFF
  - o IMMUNIZATION\_PROVIDER
  - o DESIGNATED\_IMMUNIZATION\_ADMINISTRATOR
  - o EPIDEMIOLOGIST
  - o eHS\_ADMIN
  - o eHS\_SUPERUSER

## Panorama User Rights & Confidentiality Agreement

As an employee, contracted employee, student, or otherwise service provider, I understand that as an authorized user of Panorama I will have contact with confidential client information that includes, but is not limited to, information relating to client registration and immunization data stored in Panorama (Panorama Information) .

**As a condition of being granted user rights and permissions for Panorama, I acknowledge that I am permitted to access and use the Panorama Information only for authorized health purposes or such other purposes that may be permitted by law, and that my access to and use of the Panorama Information is limited to that information I need to perform the legitimate duties within my Trustee organization that are specific to the role(s) for which I was authorized as a user.**

### In Particular:

1. I understand that the Panorama Information I use in the performance of my duties is confidential;
2. I understand that my use of and access to the Panorama Information must be in accordance with the Panorama Immunization Management System Joint Service and User Access Policy and that I have been made aware of the terms of that Policy;
3. I understand that a client's implied or express consent is required to disclose Panorama Information to a third party, unless applicable law permits disclosure of the information without consent;
4. I understand that I am not permitted to use Panorama Information regarding myself, my spouse, family members, friends, acquaintances, co-workers, and any other person for purposes unrelated to my duties. This includes looking up birth dates, addresses, and immunization information for personal use, out of curiosity or for any other purposes other than those for which the Panorama Information is intended;  
4.1 I further understand that unauthorized use also includes looking up and/or exporting any information on the names, birth dates, and addresses of clients for purposes other than those for which Panorama has been approved;
5. I understand that any disposal of documents containing Panorama Information must be done by way of secure disposal which includes mechanical shredding of the documents;
6. I acknowledge that I am responsible and accountable for all activities conducted on the computer network under my Panorama user account and I am not to share my Panorama user account or password with others; and
7. I acknowledge that Panorama is monitored in order to protect and maintain the integrity of the system and to ensure compliance with privacy policies and procedures.

I understand that there are severe consequences including discipline and possible termination of my employment/service if I act in a fashion which is not in keeping with the foregoing. I also understand that legal action may result from breach of these terms and that such may include prosecution of an offence where actions violate the provisions of the law. I understand that my name may be released to a complainant as part of full disclosure in a proven case of breach of privacy.

**I hereby acknowledge the above obligations regarding my user rights and permissions associated with Panorama:**

**User's Legal Name:** \_\_\_\_\_

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

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

User Organization/Operating Legal Name: \_\_\_\_\_

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

Printed Name and Title: \_\_\_\_\_

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

Street Address (mailing): \_\_\_\_\_

City and Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_