



Title: How to Complete Telehealth Services Access Request and CBF Change Request Forms

Role performing Activity: New User/Virtual Care Coordinators

WORK STANDARD

Location: eHS/Partners

Department: Virtual Care

Document Owner:
Michelle Hrychuk

Date Prepared:
October 25, 2023

Last Updated:
May 9, 2025

Date Approved:

Related Policies/Documentation

WS-Setting Up New Users for Online Clinical Booking Form

Work Standard Summary: This process is to be used by Virtual Care Coordinators (VCC) to ensure identified form is completed properly before submitting to eHealth for processing.

There are separate forms for each request and are found here:

- Internal eHS SP site: [Telehealth Account and Site Forms - All Documents](#)
- External eHS website: <http://www.ehealthsask.ca/forms>

A. Requesting Telehealth Account Access, complete “TH Services Access Request Form”

Steps 1-4 and email back to VC Coordinator (VCC) to approve and submit for processing.

1.	<p>Choose “TYPE OF REQUEST” you are submitting:</p> <p>Request Type: <input type="checkbox"/> New User <input type="checkbox"/> Change User <input type="checkbox"/> Remove User</p> <ul style="list-style-type: none"> • New User – user that does not currently have access to any Telehealth Platforms • Change Access – used to change user access level • Remove Access – used to remove user access if no longer needed 								
2.	<p>Complete “USER INFORMATION” section:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="2" style="text-align: left; padding: 2px;">User Information</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Full Name (printed):</td> <td style="padding: 2px;">Work Phone #:</td> </tr> <tr> <td style="padding: 2px;">Job Title:</td> <td style="padding: 2px;">Email Address:</td> </tr> <tr> <td style="padding: 2px;">Organization (Health Service Partner):</td> <td style="padding: 2px;">Domain\Username:</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • All fields are mandatory • Job Title – add Telehealth Role • If user is unsure of domain and username – call Service Desk to retrieve 	User Information		Full Name (printed):	Work Phone #:	Job Title:	Email Address:	Organization (Health Service Partner):	Domain\Username:
User Information									
Full Name (printed):	Work Phone #:								
Job Title:	Email Address:								
Organization (Health Service Partner):	Domain\Username:								

3. Choose “CBF ACCESS LEVEL” needed:

Telehealth SK Clinical Booking Form (CBF) Access	
Access Type:	<input type="checkbox"/> Submit booking forms <input type="checkbox"/> Receive & process submitted booking forms <input type="checkbox"/> Unsure
	<input type="checkbox"/> Existing CBF Landing Page <input type="checkbox"/> New CBF Landing Page
Landing Page Title:	
Consultant(s)/Consultant Group:	
Specialty:	

NOTE: User can only select **ONE** role access type, if you do not know, choose “unsure”

[Current User/Group Landing Pages](#) – VCC and HSP’s Approvers can view link to see existing Landing Pages.

- **Virtual Care Coordinator**
 - check “Receive & process submitted booking forms”
 - check “existing CBF Landing Page”
 - add Landing Page Title and/or Coordinator Group your request is for
- **Provider Office Admin**
 - check “Submit booking forms”
 - check “new or existing” CBF Landing Page
 - add Landing Page Title and/or Consultant(s)/ Group your request is for
 - add Specialty type

4. Choose “TMS ACCESS LEVEL” needed:

TelePresence Management Suite (TMS) Access	
Access Type:	<input type="checkbox"/> Read & edit <input type="checkbox"/> Read-only <input type="checkbox"/> Not required

5. “**ORGANIZATION APPROVER**” must complete this section before it will be accepted and processed.

- Authorized approvers are identified by each Health Service Partner (HSP)
- If you need the name of an authorized approver, call the Service Desk 1- -888-316-7446

6. VCC or Org Approver to submit completed form to telehealthsupport@ehealthsask.ca for processing.

B. Requesting Clinical Booking Form Change Request, complete “TH CBF Change Request Form”

This form should **only** be submitted by a VC Coordinator or Organization Authorized Approver.

NOTE: If you are requesting only one type of change, you can skip step 1 or 2 as needed.

1.	<p>Choose "SITE TYPE", "ADD OR REMOVE" and "SITE NAME"</p> <table border="1" data-bbox="245 531 1406 812"> <tr> <th colspan="2" data-bbox="245 531 1406 583">Telehealth Site</th> </tr> <tr> <td colspan="2" data-bbox="245 583 1406 625">Refers to the “Patient Site” and/or “Consultant Telehealth Site” drop-down menus on the clinical booking form.</td> </tr> <tr> <td data-bbox="245 625 716 716"> Patient Site (City/Town): <input type="checkbox"/> Add <input type="checkbox"/> Remove </td> <td data-bbox="716 625 1406 716"></td> </tr> <tr> <td data-bbox="245 716 716 812"> Consultant Telehealth Site (Endpoint Name): <input type="checkbox"/> Add <input type="checkbox"/> Remove </td> <td data-bbox="716 716 1406 812"></td> </tr> </table>	Telehealth Site		Refers to the “Patient Site” and/or “Consultant Telehealth Site” drop-down menus on the clinical booking form.		Patient Site (City/Town): <input type="checkbox"/> Add <input type="checkbox"/> Remove		Consultant Telehealth Site (Endpoint Name): <input type="checkbox"/> Add <input type="checkbox"/> Remove					
Telehealth Site													
Refers to the “Patient Site” and/or “Consultant Telehealth Site” drop-down menus on the clinical booking form.													
Patient Site (City/Town): <input type="checkbox"/> Add <input type="checkbox"/> Remove													
Consultant Telehealth Site (Endpoint Name): <input type="checkbox"/> Add <input type="checkbox"/> Remove													
2.	<p>Choose "ADD OR REMOVE", "CONSULTANT NAME", “SPECIALTY” and “LANDING PAGE NAME”</p> <table border="1" data-bbox="245 1001 1406 1413"> <tr> <th colspan="2" data-bbox="245 1001 1406 1054">Telehealth Consultant</th> </tr> <tr> <td colspan="2" data-bbox="245 1054 1406 1144">Refers to the “Consultant” drop-down menu and associated “Consultant Specialty” field on the clinical booking form.</td> </tr> <tr> <td colspan="2" data-bbox="245 1144 1406 1192"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </td> </tr> <tr> <td data-bbox="245 1192 716 1297"> Consultant Name (First & Last) or Group Name: </td> <td data-bbox="716 1192 1406 1297"></td> </tr> <tr> <td data-bbox="245 1297 716 1350"> Specialty: </td> <td data-bbox="716 1297 1406 1350"></td> </tr> <tr> <td data-bbox="245 1350 716 1413"> Clinical Booking Form Landing Page: </td> <td data-bbox="716 1350 1406 1413"></td> </tr> </table>	Telehealth Consultant		Refers to the “Consultant” drop-down menu and associated “Consultant Specialty” field on the clinical booking form.		<input type="checkbox"/> Add <input type="checkbox"/> Remove		Consultant Name (First & Last) or Group Name:		Specialty:		Clinical Booking Form Landing Page:	
Telehealth Consultant													
Refers to the “Consultant” drop-down menu and associated “Consultant Specialty” field on the clinical booking form.													
<input type="checkbox"/> Add <input type="checkbox"/> Remove													
Consultant Name (First & Last) or Group Name:													
Specialty:													
Clinical Booking Form Landing Page:													
3.	<p>“Organization Authorized Approver”</p> <ul style="list-style-type: none"> • This section must be completed by an authorized approver before it will be accepted and processed. • Authorized approvers are identified by each Health Service Partner (HSP). • If you need the name of an authorized approver, call the Service Desk 1- -888-316-7446. 												
4.	<p>VCC or Org Approver to submit completed form to telehealthsupport@ehealthsask.ca for processing.</p>												