



**TELEHEALTH SERVICES  
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 business days from receiving the request.

**Return to:** Fax Number: 306-781-8480  
 Email: [HISCTelehealthSupport@eHealthsask.ca](mailto:HISCTelehealthSupport@eHealthsask.ca)

**User Information**

Type of Request(check one):  New User  Change in User Type  Remove

Full Name (printed):		Work Phone #:	
Working Title(function):		Email Address:	
Facility Name:		Partner:	
Signature:		Date:	

**Partner Authorization**

Full Name (printed):		Work Phone #:	
Working Title(function):		Email Address:	
Facility Name:		Partner:	
Signature:		Date:	

**Account Access - All users will be granted permissions based on the role needed:**

TELEHEALTH COORDINATORS	PROVIDER OFFICES
<input type="checkbox"/> Online Clinical Booking Form <input type="checkbox"/> TMS – Full Access	<input type="checkbox"/> Online Clinical Booking Form <input type="checkbox"/> TMS – View Only Access  <u>PROVIDER ACCESS NEEDED (LIST)</u> <hr/> <hr/> <hr/>

**eHealth Authorized Designate: (office use only)**

I acknowledge that the subscriber is permitted to access to the selected services.

Full Name (printed):		Work Phone #:	
Signature:		Date:	

The most recent version of this form can be downloaded at: <http://www.ehealthsask.ca/forms>