



ACQUIRED BRAIN INJURY INFORMATION SYSTEM (ABIIS) 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 two 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 Remove

User's Full Name printed:

Work Phone #:

Working Title:

Email Address:

Facility Name:

Health Region:

Environment

Production User Acceptance Test (UAT)

Access Requested

Program Type (check one): Funded Outreach Other

Program Name: _____ Require access to PRS? Yes

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's 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>