



ALCOHOL, DRUG AND GAMBLING 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 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

User Type (check all applicable): Alcohol/Drug Problem Gambling

Service Provider: (Please check with Supervisor if unsure): _____

Security Level Requirement: (please check one) For a more detailed description of the levels please refer to the User Access section of the ADG User Guide, or check with your supervisor.

User Level	Require access to PRS	User Level	Require access to PRS
<input type="checkbox"/> Level 1	Yes	<input type="checkbox"/> Level 4	No
<input type="checkbox"/> Level 2	Yes	<input type="checkbox"/> Level 5	No
<input type="checkbox"/> Level 3	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

Training Requirements

I have received training for the use of the online application with a qualified trainer prior to attempting access to the application.

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 306-337-0600)

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