



AMBULANCE REGISTRY MANAGEMENT SYSTEM (ARMS) 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 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:	
Organization Name:		Fax Number:	

Environment Production

Access Requested

User Level (check one): ARMS User Sask College of Paramedics Users Administration

User Organization Acute Emergency Services Branch Sask College of Paramedics eHealth Saskatchewan

Data Permissions:

Reporting Required:

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 306-337-0600)
The most recent version of this form can be downloaded at: <http://www.ehealthsask.ca/forms>