

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 business days from receiving the request.

**Return To:** Fax Number: 306-781-8480 Email: servicedesk@ehealthsask.ca

### User Information - All fields marked with \* are required

Type of request (check one): \*     SHA/eHS Users     New User     Change in User Access     Remove

First Name *	<input type="text"/>	Last Name *	<input type="text"/>
Work Phone #*	<input type="text"/>	Email Address *	<input type="text"/>
Working Title	<input type="text"/>	Work Location	<input type="text"/>
Environment: *	<input type="checkbox"/> Production <input type="checkbox"/> UAT		SHA or eHS Domain\Username <input type="text"/>

### Access Requested

Ambulance Services(s) - Name, service number and level of access. All fields are required for each service requested

Service Name <input type="text"/>	Service Number <input type="text"/>
Level of Access <input type="text"/>	
Service Name <input type="text"/>	Service Number <input type="text"/>
Level of Access <input type="text"/>	
Service Name <input type="text"/>	Service Number <input type="text"/>
Level of Access <input type="text"/>	
Service Name <input type="text"/>	Service Number <input type="text"/>
Level of Access <input type="text"/>	

### 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

By checking this box you agree to the above User's Agreement \*

Manager Approval:       Date

Note: The service desk will contact the approver for authorization prior to processing this request