eHealth	MEDICAL IMAGING		
	ACCOUNT REQUEST FORM		
Saskatchewan	(RIS - PACS - PS360)		
If you are unclear about any fields below, call the Service			
The Service Desk will complete the request within five b	usiness days from receiving the request.		
Email form to: <u>servicedesk@ehealthsask.ca</u>			
For Medical Imaging Professionals of the Saskatchewan	Health Authority (SHA), the Saskatchewan Cancer Agency, or		
	nation System (RIS), Picture Archiving and Communications		
System (PACS), and Powerscribe 360 (PS360). A networ	k account is required if not already provisioned.		
End User Information			
Type of request (check one): 🗌 New User 🗌 Chang	ge in User Type 🔄 Remove		
Environment: Production EFQ R1Q	Date Access Required: (MM/DD/YY)		
User's FIRST name LAST name:	CPSS#:		
Email Address:	Wash Dharra #		
	Work Phone #:		
Network Account Username:	Network Account Required		
Work Place Information			
Primary SHA Facility Name and Location:			
Private Practice Name and Location:			
PACS Access Required (select only one)			
Technologist Radiologist	Surgeon		
Technologist Super User Point of Care P			
	rovider (iExport) SHA System Admin		
Health Privacy Analyst Health Data M	-		
VPN ACCESS: Yes No Health PACS Administrator (BA and Apps Only)			
PS360 Access Required (select only one)			
Site Admin Radiologist / A	ttending		
Transcription / Editor			
Other (please specify):			
RIS Access Required (select only one)			
DBC: Discern Charge Services* Charge Services*	Health Records RadNet*		
Scheduling Management SHA DBC Charge Serv	ices (w/Discern) 🔲 SHA DBC Charge Services		
RadNet: Clerk Health Records Clerk	🗌 Film Librarian 🛛 🗌 Read Only Office		
Nurse Transcription	Transporter		
☐ Hybrid Tech Plus* ☐ Mammography Techr	nologist* Radiology Technologist*		
☐ Obstetrician* ☐ Supervisor*	Radiologist**		
	Porter Tech* Tech Plus*		
eHealth: Data Management Service Desk			
Other Access Type (please specify):			
* need to add to Radiology Technologist usergroup ** r	* need to add to Radiology Technologist usergroup ** need to add to Radiologist usergroup		

RIS Facility Access (check Add or Remove for all applicable fac	cilities) 🔲 Add Scheduling Books for Selected Facilities
Cypress Add Remove Cypress Regional Hospital - Swift Current Herbert & District Integrated Facility Leader Integrated Facility	Add Remove Shaunavon Hospital & Care Centre Southwest IHC Facility - Maple Creek
Five Hills Add Remove Dr. F.H. Wigmore Regional Hospital - Moose Jaw Assiniboia Union Hospital	Add Remove
Heartland Add Remove Kindersley Hospital and District Health Centre Biggar Hospital and District Health Centre Davidson Health Centre Kerrobert Integrated Health Centre	Add Remove Outlook and District Health Cent Rosetown Health Centre Unity and District Health Centre Wilkie and District Health Centre
Kelsey Trail Add Remove Add Athabasca Health Facility - Black Lake Melfort Hospital Carrot River Health Centre Hudson Bay Health Care Facility Keewatin Yatthé	Add Remove Kelvington and Area Hospital Nipawin Hospital Porcupine Carragana Hospital Tisdale Hospital
Add Remove	Add Remove
Mamawetan Churchill River Add Remove La Ronge Health Centre	
Prince Albert Parkland Add Remove Victoria Hospital - Prince Albert Parkland Integrated Health Centre - Shellbrook	Add Remove Spiritwood & Distract Health Centre
Prairie North Add Remove Battlefords Union Hospital - North Battleford Lloydminster Hospital Maidstone Health Complex	Add Remove Meadow Lake Hospital Riverside Health Complex - Turtleford Saskatchewan Hospital - North Battleford
Regina Qu'Appelle Add Remove General Hospital - Regina Pasqua Hospital - Regina Wascana Rehabilitation Centre - Regina All Nations Healing Hospital - Fort Qu'Appelle Balcarres Integrated Care Centre Grenfell Health Centre Long Lake Integrated Facility - Imperial	Add Remove Broadview Union Hospital Indian Head Union Hospital Southeast Integrated Care Centre - Moosomin St. Joseph's Integrated Care Centre - Lestock Wolseley Memorial Union Montmartre Health Centre Whitewood Community Health Centre
Saskatchewan Cancer Agency Add Remove SCA SPBC Regina SCA SPBC Saskatoon	Add Remove
Saskatoon Add Remove Royal University Hospital - Saskatoon Saskatoon City Hospital St. Paul's Hospital - Saskatoon Humboldt District Health Complex Lanigan Hospital Wakaw Primary Health Centre	Add Remove Resolve Rosthern Hospital Wadena Hospital Watrous Hospital Wynyard Integrated Hospital Saskatoon Health Region - Community

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Sun Country Add Remove Weyburn General Hospital St. Joseph's Hospital - Estevan Arcola Health Centre Galloway Health Centre - Oxbow Sunrise Add Remove Yorkton Regional Health Centre St. Peter's Hospital - Melville	Add Remove Redvers Health Centre Kipling Integrated Health Centre Radville Marion Health Centre Add Remove Canora Hospital Kamsack Hospital & Nursing Home	
St. Anthony's Hospital - Esterhazy	Preeceville Hospital	
RIS Proxy Information		
Radiologist Resident	Remote Radiologist (does not use eHS PS360)	
Radiologists to allow proxy for: (attach list if needed)	Radiologists to allow proxy by: (attach list if needed)	
Private Practice Only: PACS Users MUST SIGN this Join	t Services / Access Policy Confirmation	
I acknowledge I have access to the following. (Please confirm	n by placing a checkmark in the appropriate boxes):	
PACS Joint Services / Access Policy.		
Preparing Your Medical Practice for HIPA and P	PIPEDA.	
eHealth Security Policy.		
AVAILABLE AT: https://www.ehealthsask.ca/services/PACS	/Pages/Register-Pacs-Account.aspx	
I acknowledge that I understand that I am legally bound by, and agree to comply with, the PACS Joint Services/ Access Policy.		
Name (print):	Date Signed:	
Signature:	(MM/DD/YY)	
Approval Section		
Manager/Supervisor/Licensed Practitioner (if applicable)		
Name (print):	Date Approved:	
Signature:	(MM/DD/YY)	
Authorized Approver (required) I acknowledge that the User is permitted access to the selected services. If PACS is selected, I acknowledge that the User has read the PACS Joint Services / Access Policy and understands their responsibilities and the appropriate use of PACS as described in the Joint Services / Access Policy as well as their obligations under HIPA. I further acknowledge that I understand my obligations under HIPA.		
Name (print):	Date Approved:	
Signature:	(MM/DD/YY)	
NOTE: All SHA requests must be sent from the Approver's SHA email account to servicedesk@ehealthsask.ca.		

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