

NEWBORN NOTIFICATION SYSTEM **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:	mpiete the request within two day: 306-781-8480	s from re	eceiving the request.	
Email: service	edesk@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:	
District/Branch/Unit:			Fax Number:	
Access Requested				
Areas of Responsibility:			User Group(s):	
			Basic User District Adminis Provincial Adm	
User's Agreement				
General Agreement Workstation Security				
 As a user of the system, I recognize the importance of securing personal health information. I agree to keep secure all system. I will not allow ur 			•	a available to me in the horized users to access this
• I agree to utilize the information included in the system for the information.				
purposes authorized by my Regional Executive Director or • I will keep private all passwords associated with the				
their designate.	his daka fan wasakhanisadan	syste		and the second
 I recognize that the use of this data for unauthorized or unlawful purposes is strictly prohibited and is subject to I have secured my workstation with a screen-saver password to assure security should I leave my machine for 				
	ment of Saskatchewan or its agents.	-	xtended period of time.	modia ricave my macmine for
Service Authorization			·	
User's signature:				
				Date (YY/MM/DD)
I acknowledge that the subscriber is permitted access to Date access is required:				Data (VV/AAAA/DD)
the selected services.				Date (YY/MM/DD)
Manager's Information Name:				
Mairie.	(please print)			Work Phone Number
Signature:	(please print)			Work i fione Number
				Date (YY/MM/DD)
Authorized Approver's Inform	mation			
Name:	(places print)			Work Phone Number
(please print) Signature:				Work Phone Number
				Date (YY/MM/DD)
•	uthorized approver, please call the			· · · · · · · · · · · · · · · · · · ·