

Organ and Tissue Donor Registry 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 business days from receiving the request.

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

User Information

Type of Request (check one): New User Change in User Type Remove User

User's Full Name printed:	Work Phone #:	
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Working Title:	Email Address:	
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Facility Name:	Organization:	
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Environment: Production User Acceptance Test (UAT)

User Role

- Donor Coordinator eHealth Saskatchewan (Data Entry) eHealth Service Desk
 SHA and Ministry Leadership IT Administrator

Service Authorization

I have received training for the use of the online application with a qualified trainer prior to attempting access to the Organ and Tissue Donor Registry.

I also acknowledge my obligations as indicated in the User Rights and Responsibilities as well as the Organ and Tissue Donor Registry User Agreement both of which are listed on page 2 of this form.

User's Signature _____ Date (YY/MM/DD) _____

Date Access is Required: _____
Date (YY/MM/DD)

I acknowledge that the user is permitted to access the Organ and Tissue Donor Registry:

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 at 1-888-316-7446 (local 306-337-0600). The most recent version of this form can be downloaded at: <http://www.ehealthsask.ca/forms>

Organ Tissue and Donor Registry User Roles and Responsibilities

- User access is audited.
- Inappropriate use of the Organ and Tissue Donor Registry shall be reported to the eHealth Saskatchewan's Chief Privacy Officer.
- Any violation of privacy legislation will be investigated and addressed.
- Users are responsible for completion of the training prior to accessing the registry.
- Users are responsible for ensuring the use of registry data is on a need-to-know basis for the purpose of their health care work and it is in accordance with their health organization's policies and procedures and HIPA.
- Users must be authorized by an Authorized Approver within an Approved Organization.
- A User is identified and authenticated by an Authorized Approver to view and use registry data. The Approved Organization and the Approver are accountable for actions of the User.

Organ Tissue and Donor Registry User Access Agreement

As an employee, contracted employee, student, or other health care provider, I understand that as an authorized user of Organ and Tissue Donor Registry I will have access to confidential patient information that includes, but is not limited to, information relating to donor registration choices.

As a condition of being granted user rights and permissions for Organ and Tissue Donor Registry, I acknowledge that I am permitted to access and use the Organ and Tissue Donor Registry Information only for authorized health purposes or such other purposes that may be permitted by law, and my access to and use of the Organ and Tissue Donor Registry Information is limited to that information I need to perform the legitimate duties within my health care organization that are specific to the role(s) for which I was authorized as a user.

In Particular:

1. I understand that the Organ and Tissue Donor Registry Information I use in the performance of my duties is confidential;
2. I understand that my use of and access to the Organ and Tissue Donor Registry Information must be in accordance with the Organ and Tissue Donor Registry Joint Service and Access Policy and I have reviewed that Policy;
3. I understand that a patient's express consent is required to disclose Organ and Tissue Donor Registry Information to a third party, except where applicable law permits disclosure of the information without consent or on an implied consent basis;
4. I understand that I am not permitted to access or use Organ and Tissue Donor Registry Information regarding myself, my spouse, family members, friends, acquaintances, co-workers, and any other person for purposes unrelated to my duties;
5. I further understand that unauthorized use also includes printing or exporting any information including the names, birth dates, health card number and donation choices of patients for purposes other than those for which Organ and Tissue Donor Registry has been approved;
6. I understand that any disposal of documents containing Organ and Tissue Donor Registry Information must be done by way of secure disposal which in accordance with my health care organization's policies;
7. I acknowledge that I am responsible and accountable for all activities conducted on the computer network under my Organ and Tissue Donor Registry user account and I am not to share my Organ and Tissue Donor Registry user account or password with others; and
8. I acknowledge that Organ and Tissue Donor Registry is audited and my activity may be monitored in order to protect and maintain the integrity of the system and to ensure compliance with privacy policies and procedures.