

Web Nomination Screen Approved Organization Roles & Responsibilities

The Web Nomination Screen is an application that allows authorized users to nominate persons who do not exist or view identification and health insurance coverage data on existing individuals who are registered with eHealth Saskatchewan as residents of Saskatchewan for the purposes of providing access to provincial supplementary health care benefits. The information available in the Web Nomination Screen is to provide authorized health care providers and health care organizations with the most appropriate and accurate information available.

Web Nomination Screen Approved Organization Roles & Responsibilities

- Approved Organizations are responsible for ensuring that their designated Authorized Approvers have read and understand their Roles and Responsibilities as outlined below and have been provided a copy of the Web Screen Procedure Manual.
- Approved Organizations are responsible for ensuring that appropriate physical, organizational, and technological measures will be put in place within their organization to protect the security and confidentiality of the Web Nomination Screen data.
- Approved Organizations are responsible for ensuring that the Web Nomination Screen data is used only on a need-to-know basis for the authorized purposes outlined below and in accordance with *The Health Information Protection Act (HIPA)*.
- Approved Organizations are responsible for designating Authorized Approvers and ensuring that they understand and have agreed to the Authorized Approver Roles and Responsibilities as outlined below.
- Approved Organizations are responsible for ensuring that changes to designated Authorized Approvers are reported to the Ministry in a timely manner. This includes changes, additions and deletions.

Authorized Approver Roles & Responsibilities

- Authorized Approvers are responsible for ensuring that Users requesting accounts have read and understand their Roles and Responsibilities as outlined below and have been provided with a copy of the Web Screen Procedure Manual.
- Authorized Approvers are responsible for ensuring that appropriate physical, organizational, and technological measures will be put in place within their organization to protect the security and confidentiality of the Web Nomination Screen data.
- Authorized Approvers are responsible for ensuring that the Web Nomination Screen data is used only on a need-to-know basis for the authorized purposes outlined below and in accordance with HIPA.
- Authorized Approvers are responsible for verifying that the request is only for the authorized purposes.
- Authorized Approvers are responsible for ensuring that changes to User's accounts are reported to the Ministry in a timely manner. This includes changes, additions and deletions.

Web Nomination Screen User Roles & Responsibilities

- Users are responsible for ensuring they have read and are familiar with the Web Screen Procedure Manual.
- Users are responsible for ensuring that the use is related to the 'need to know' for the purpose of their healthcare work and it is in accordance with their health organizations' policies and procedures and the *Health Information Protection Act (HIPA)*.
- Users must use Web Nomination Screen Data only in accordance with established data access agreements between source organizations and consumer organizations and/or as authorized by eHealth Saskatchewan & the Ministry of Health.
- Users must be authorized by an Authorized Approver within an Approved Organization. Approvers and Organizations must be authorized by eHealth Saskatchewan & the Ministry of Health in accordance with the PHRS View Policies and Procedures Manual.
- A User is identified and authenticated by an Authorized Approver to view and use Web Nomination Screen data. The Approved Organization and the Approver are accountable for actions of the User.
- Users who are entering or viewing data in the Web Nomination Screen are responsible for the protection of the reuse of the information for purposes other than health care delivery.

- User access is audited.
- Inappropriate use of the Web Nomination Screen shall be reported to the eHealth Saskatchewan or the Ministry of Health's Chief Privacy Officer where any violations will be dealt with according to privacy and security breach management protocols.

Use is Consistent with the Purpose

The use of the Web Nomination Screen must be in accordance with a 'need to know' basis for the purposes of: (One or more should apply to the user's needs).

- Supporting the identification and registration of persons seeking or receiving health care services, including access to the Saskatchewan provincial health number.
- Supporting the accurate and timely management of client identification data within health care systems.
- Verifying health and program coverage eligibility.

Restrictions on Use

The Web Nomination Screen will not be used for the following purposes:

- To look up information on a person(s) for personal reasons.
- To search for people for personal reasons.
- To use the information provided for personal reasons.
- To provide unauthorized research data or reports.
- To use or reuse data in a manner that is not consistent with HIPA.
- To use information for any other purpose other than the identified stated purpose.

Training Options

- The User will receive a procedure manual specific to their work unit for utilizing the Web Nomination Screen
- Support is provided by the Service Desk 888-316-7446.

Workstation Security

- The User will secure all data available from the Web Nomination Screen. Access by unauthorized users will not be permitted.
- The User will keep all passwords associated with the system private.
- The User will secure the workstation with a screen-saver password to assure security when the machine is left unattended for an extended period of time.



**PHRS WEB NOMINATION SCREEN
REQUEST FOR ORGANIZATION APPROVAL**

- ▶ 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 days from receiving the request.

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

Requesting Organization Description

Date of Request:			
Organization Name:		Work Phone #:	
Address:			

Organization Contact Information:

Contact's Full Name Printed:		Work Phone:	
Working Title:		Email Address:	
Address:			

Purpose for Request:

- Supporting the identification and registration of persons seeking or receiving health care services, including access to the Saskatchewan provincial health number
- Supporting the accurate and timely management of client identification data within health care systems
- Verifying health and program coverage eligibility

Agreement

I acknowledge that I, the head of the Requesting Organization, have read and agree to the responsibilities and uses as described in this form and my obligations under HIPA.

I further acknowledge that the Authorized Approvers Designated below have read and signed this form and understand; their responsibilities; the authorized uses as described in this form and the Web Nomination Procedure Manual; and their obligations under HIPA.

Requestor's Information

Requestor's Name:	_____	_____
	(please print)	Work Phone Number
Requestor's Signature:	_____	_____
		Date (YY/MM/DD)
Requestor's Title:	_____	

Designation of Authorized Approvers

The names and signature samples below will be used to verify Web Nomination Screen User Account Requests received by the eHealth Service Desk, only Web Nomination Screen Account Request Forms from the following designated Authorized Approvers will be accepted.

Authorized Approver's Name: _____
(please print) Work Phone Number _____

Authorized Approver's Signature: _____
Date (YY/MM/DD) _____

Authorized Approver's Name: _____
(please print) Work Phone Number _____

Authorized Approver's Signature: _____
Date (YY/MM/DD) _____

Authorized Approver's Name: _____
(please print) Work Phone Number _____

Authorized Approver's Signature: _____
Date (YY/MM/DD) _____

Authorized Approver's Name: _____
(please print) Work Phone Number _____

Authorized Approver's Signature: _____
Date (YY/MM/DD) _____

eHealth Saskatchewan Review and Approval

Approved Denied Reason:

Authorized Approver's Signature: _____
eHealth Saskatchewan Date (YY/MM/DD) _____

Authorized Approver's Signature: _____
Risk and Relationship Management Date (YY/MM/DD) _____

Authorized Approver's Signature: _____
Health Registries Date (YY/MM/DD) _____

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