

Terms and Conditions of Use

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 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 Web Screen 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 eHealth Service Desk 1-888-316-7446.

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 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 days from receiving the request.

Return to: Fax Number: 306-781-8480

Email: servicedesk@ehealthsask.ca

User Information

Type of request (check one): New user Change in user type Remove

User's Full Name printed:	Work Phone #:	
----------------------------------	---------------	--

Organization Name:	Office:	
--------------------	---------	--

Working Title:	Email Address:	
----------------	----------------	--

Working Unit (ie IAD, CFS, SIP)	
---------------------------------	--

Environment (check one) Production User Acceptance Test (UAT)

Programs (check all that apply) THC 1 and THC 2 Wards and THC 3 CPSP (YO) SIP (SCH) Drug Plan

Purpose (check all that apply)

- 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.

Service Authorization

User's signature: _____ Date (YY/MM/DD) _____

Date access is required: _____ Date (YY/MM/DD) _____

Manager's Information

Name: _____ (please print) _____ Work Phone Number _____

Signature: _____ Date (YY/MM/DD) _____

I acknowledge that the requestor has read and signed this form and understands their responsibilities and uses as described in this form and their obligations under HIPA. I further acknowledge that I understand my obligations under HIPA and have been authorized by eHealth Saskatchewan to grant this approval.

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 1-888-316-7446 (local 306-337-0600)

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