

*The PHRS View is an application that allows authorized users to view identification and health insurance coverage data on individuals who are registered with eHealth Saskatchewan as residents of Saskatchewan for the purposes of providing access to provincial health care benefits. The information available in the PHRS View is to provide authorized health care providers and health care organizations with the most appropriate and accurate information available.*

#### **PHRS View 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 PHRS Policies and Procedures 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 PHRS View data.
- Approved Organizations are responsible for ensuring that PHRS View 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.

#### **PHRS View 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 PHRS Policy and 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 PHRS View data.
- Authorized Approvers are responsible for ensuring that PHRS View 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 designated Authorized Approvers are reported to the Ministry in a timely manner. This includes changes, additions and deletions.

#### **PHRS View User Roles & Responsibilities**

- Users are responsible for ensuring they have read and are familiar with the PHRS Policy and 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 PHRS View 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 PHRS View data. The Approved Organization and the Approver are accountable for actions of the User.
- Users who are viewing data through the Viewer are responsible for selecting the correct person from the candidate list and protection of the reuse of the information for purposes other than health care delivery.
- User access is audited.
- Inappropriate use of the PHRS View 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 PHRS View, services and applications 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 PHRS View 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 in the candidate list 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.

### **Workstation Security**

- The User will secure all data available from the PHRS View. 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



**PERSON HEALTH REGISTRATION SYSTEM  
VIEWER  
DESIGNATION OF AUTHORIZED APPROVERS**

- ▶ Call the Service Desk 1-888-316-7446 (local 306-337-0600) if you are unclear about any fields below.
- ▶ After approval is received (minimum of 2 weeks) the Service Desk will complete the request within five days.

**Return to:** Fax Number: 306-781-8480  
Email: [servicedesk@ehealthsask.ca](mailto:servicedesk@ehealthsask.ca)

**Requesting Organization Description**

All information in this section is mandatory

Date of Request:			
Organization Name:		Work Phone #:	
Current 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**

Must be signed by a health care practitioner (i.e. physician) who is active in the Saskatchewan Provider Registry

**OR**

Signed by the head of the Organization - In rare instances where a doctor is not on staff, we accept the signature of the head of the organization (i.e. Chief Information Officer (CIO) or Chief Executive Officer (CEO) for requests from x-ray clinics or ambulance services, etc.)

By signing this form, I acknowledge that I have read and agree to the responsibilities and appropriate uses as described in the PHRS viewer Access Policy manual and my obligations under HIPA.

I further acknowledge that the Authorized Approvers Designated below have read and understand their responsibilities and appropriate uses as described in this PHRS Viewer Access Policy manual and their obligations under HIPA.

**I confirm that this organization has access to the PHRS viewer and acknowledge my responsibility for appropriate use of the application by staff. I also recognize my responsibility to continue to monitor appropriate use of this application.**

**Requestor's Information (Health care practitioner, or head of organization as outlines above)**

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

**If you need to change or add authorized approvers, please fill out the following section.**

**NOTE:** Signing to become an Authorized Approver does not automatically allow access to the PHRS viewer – an access application form must be filled out and returned to the service desk. The access application form is sent to the organization contact once the organization has been approved.

**Designation of Authorized Approvers (*eHealth recommends a minimum of two authorized approvers*)**

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

Add  Remove  
Authorized Approver's Name: \_\_\_\_\_  
(please print) Work Phone Number \_\_\_\_\_  
Authorized Approver's Signature: \_\_\_\_\_  
Date (YY/MM/DD) \_\_\_\_\_

Add  Remove  
Authorized Approver's Name: \_\_\_\_\_  
(please print) Work Phone Number \_\_\_\_\_  
Authorized Approver's Signature: \_\_\_\_\_  
Date (YY/MM/DD) \_\_\_\_\_

Add  Remove  
Authorized Approver's Name: \_\_\_\_\_  
(please print) Work Phone Number \_\_\_\_\_  
Authorized Approver's Signature: \_\_\_\_\_  
Date (YY/MM/DD) \_\_\_\_\_

Add  Remove  
Authorized Approver's Name: \_\_\_\_\_  
(please print) Work Phone Number \_\_\_\_\_  
Authorized Approver's Signature: \_\_\_\_\_  
Date (YY/MM/DD) \_\_\_\_\_

**Saskatchewan Ministry of Health Review and Approval (for office use only)**

Approved  Denied Reason: \_\_\_\_\_

Authorized Approver's Signature: \_\_\_\_\_  
ehealth Date (YY/MM/DD) \_\_\_\_\_

Authorized Approver's Signature: \_\_\_\_\_  
Risk & 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>