eHealth Saskatchewan

PROVIDER COVERAGE VIEWER (PCV)
USER AGREEMENT/ACCOUNT REQUEST FORM

Terms and Conditions of Use

The Provider Coverage Viewer is an application that allows authorized users to view identification and health insurance coverage data on individuals who are registered with the Ministry of Health, as residents of Saskatchewan, for the purposes of providing access to Supplementary Health and other health benefits. The purpose of the Provider Coverage Viewer is to provide authorized health care providers with the most appropriate and accurate information available.

Provider Coverage Viewer Authorized User Roles & Responsibilities

- Users are responsible for ensuring that the use is related to the "need to know" for the purpose of their health care work and it is in accordance with the Health Information Protection Act (HIPA) and their employer's policies and procedures.
- Users must use Provider Coverage Viewer data only in accordance with this agreement and/or as authorized by eHealth Saskatchewan in the Services and Access Policy.
- Users must be authorized by their employer. Employers will be verified by eHealth Saskatchewan and must be part of one of the Authorized Consumer Groups as per the Provider Coverage Viewer Services and Access Policy.
- A User is identified and authenticated by their Employer to view and use Provider Coverage Viewer data. The Employer is accountable for actions of the User.
- Users who are viewing data through the Provider Coverage Viewer are responsible for the privacy and security of the information obtained.
- User access is audited.
- A User is responsible to report inappropriate use by any individual or group to their Employer.

Provider Coverage Viewer Employer/Approver Roles & Responsibilities

- Employers are responsible for ensuring Users requesting accounts have read and understand their Roles and Responsibilities as outlined above and as per the Provider Coverage Viewer Services and Access Policy.
- Employers are responsible for ensuring appropriate physical, organizational, and technological measures will be put in place within their organization to protect the security and confidentiality of the Provider Coverage Viewer data.
- Employers are responsible for ensuring Provider Coverage Viewer data is used only on a need-to-know basis for the purposes of verifying health and program coverage eligibility.
- Employers are responsible for ensuring Account Requests are only submitted for Users who require access to the Provider Coverage Viewer for the purposes of their health care work.
- Employers are responsible for ensuring changes to designated Users are reported to the eHealth Saskatchewan in a timely manner. This includes changes, additions and deletions.
- The employer shall notify the eHealth Saskatchewan's Chief Privacy Officer of inappropriate use of the Provider Coverage Viewer.
- Any violation of privacy legislation and Ministry Privacy and Security policy will be dealt with according to the Ministry's Privacy and Security Breach Management protocols.

Use is Consistent with the Purpose

The use of the Provider Coverage Viewer, services and applications must be in accordance with a `need to know' basis for the purposes of verifying health and program coverage eligibility.

Use is Appropriate to User's Need to Know

The Provider Coverage Viewer will display first name, surname, date of birth, basic coverage information and may include claim history.

Restrictions on Use

The Provider Coverage Viewer will **not** be used for the following purposes:

- To look up information on a person(s) 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 as per the Provider Coverage Viewer Services and Access Policy.

Training Options

- An instruction guide will be provided when the account is created.
- Support is provided by the eHealth Saskatchewan Service Desk: 1-888-316-7446 (Regina: 337-0600)

Workstation Security

- The User will secure all data available from the Provider Coverage Viewer. 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.

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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

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 #:	
Working Title:		Email Address:	
Service Provider Name:			

Service Provider Type (Authorized Consumer Organizations as per the Service Policy)(Check **ONE** only)

☐ Ambulance	☐ Dental Lab	☐ <u>Medical Supplier</u>
☐ Dentist/Dental Specialist	☐ Denturist	• Audiologist
☐ Ministry Staff	☐ Northern Medical Transportation	• Hearing Service
☐ Optical Dispenser	☐ Optometrist	• Podiatry
☐ Orthodontist		• Medical Supplier

User Service Authorization

I acknowledge I have read and understand my roles and responsibilities as outlined in this agreement and the Provider Coverage Viewer Services and Access Policy. I further accept my role and obligation of using this health data for verifying health and program coverage eligibility in accordance with the Health Information Protection Act (HIPA) and The Freedom of Information and Protection of Privacy Act (FOIP).

User's Signature: _____   _____

Are you a receptionist/front office staff? ☐ Yes ☐ No   Date (YY/MM/DD)

Employer Agreement and Approval

I acknowledge the above User requires access to the Provider Coverage Viewer.

I acknowledge the User has read and signed this form and understands their responsibilities and uses as described in this form and in the Provider Coverage Viewer Services and Access Policy and their obligations under HIPA and FOIP. I further acknowledge I understand my obligations under HIPA and FOIP and the Provider Coverage Viewer Services and Access Policy and have been authorized by eHealth Saskatchewan to grant this approval.

Employer Information

Name: _____   Work Phone Number: _____

Supplementary Health Payee Code: _____ or Medical Services Billing Number: _____

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

Ministry of Health Authorization Information

Name: _____   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 337-0600)

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