

Referral Management Services (RMS) 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 of receiving the request.

Return to: Fax Number: 306-781-8480

Email: servicedesk@ehealthsask.ca

User Information: Type of Request (check one)

<input type="checkbox"/> New User		<input type="checkbox"/> Change in User Role	<input type="checkbox"/> Remove Access
User Full Name	First Name	Last Name	
Email address	Telephone number		

☐ I have the Microsoft Authenticator Application on my mobile device.

☐ I have a Saskatchewan Health System Network Account.

Saskatchewan Health System Network Account Username: _____

If you do not have the Microsoft Authenticator app on your mobile device, please access the App Store, download, and install the app. (sample view) →

Microsoft Authenticator



User Role Requested: Type of User (check one)

☐ External User ☐ Internal eHealth User

☐ I am a physician.

☐ I am a delegate and I require access for the following physicians: _____

RMS User roles and responsibilities:

- Users must be authorized by an Authorized Approver within an approving organization.
- Users are responsible for ensuring that the use of RMS data is on a need-to-know basis for the purpose of their role, and it is in accordance with their health organization's policies, procedures, and HIPA.
- Users who are viewing data within the Referral Viewer are responsible for selecting the correct patient and for protecting the information from use for purposes other than health care delivery.

Note:

- User access is audited.
- Inappropriate use of RMS shall be reported to the eHealth Saskatchewan's Chief Privacy Officer.
- Any violation of privacy legislation will be investigated and addressed.

Authorized Approver's Information: Required

Name:		Work Phone Number:	
Signature:		Date: (DDMMYYYY)	

A physician signature is required when access is being requested for office staff.

If you need the name of an authorized approver, please contact Referral Management Services (1-833-337-7770).