SAIL OXYGEN INFORMATION SYSTEM (SOIS) ACCOUNT REQUEST FORM

Terms and Conditions of Use

The Saskatchewan Aids to Independent Living (SAIL) Oxygen Information System (SOIS) is an application that allows authorized users to view identification and oxygen coverage data and to submit invoices and equipment reports on individuals who are registered with the Ministry of Health's SAIL Home Oxygen Program for the purpose of providing access to benefits. The purpose of the SOIS is to provide authorized health care providers with the most appropriate and accurate information available. Access is limited to those individuals assigned by the Ministry to each Oxygen Supplier.

SOIS User Roles & Responsibilities

- Users are responsible for ensuring they have read and are familiar with the Agreement between the Ministry and the Oxygen Supplier.
- 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 SOIS data only in accordance with this request and/or as authorized by eHealth Saskatchewan.
- Users must be authorized by an Authorized Approver within an Oxygen Supplier. Approvers and Organizations must be authorized by eHealth Saskatchewan.
- A User is identified and authenticated by an Authorized Approver to view, submit and use SOIS data. The Oxygen Supplier and the Authorized Approver are accountable for actions of the User.
- Users who are viewing data on the SOIS are responsible for the privacy and security of the information obtained.
- User access is audited.
- Inappropriate use of the SOIS shall be reported to the eHealth Saskatchewan's Chief Privacy Officer.
- Any violation of privacy legislation and the 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 SOIS, 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.)

- Viewing SAIL Home Oxygen Program coverage information, including approvals and rejections, for those individuals assigned to the Oxygen Supplier by the Ministry.
- Uploading invoices for qualifying beneficiaries of the SAIL Home Oxygen Program.
- Submitting equipment reports as outlined in the Agreement between the Ministry and the Oxygen Supplier.

Use is Appropriate to User's Need to Know

- SOIS displays both current and historical SAIL Home Oxygen Program coverage information as entered by the Ministry.
- SOIS provides a platform for the uploading of invoices and entering of equipment reports by the User and displays historical payment and equipment report information.

Restrictions on Use The SOIS 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.

Training Options

- The User can receive training from their Oxygen Supplier's designated trainer.
- SAIL will provide an instruction guide to the Oxygen Supplier.
- Support is provided by the Service Desk 1-888-316-7446 (Regina 337-0600)

Workstation Security

- The User will secure all data available from the SOIS. 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 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	acong circuitions.				
Type of request (check one):	New user	Ī	Change in user type	e [Remove
User's Full Name printed:			Work Phone #:		
Oxygen Supplier's Name:			Location (city):		
Working Title:			Email Address:		
Purpose (Check all that apply)					
Viewing SAIL Home Oxygen Program coverage information, including approvals and rejections, for those individuals assigned to the Oxygen Supplier by the Ministry.					
Uploading invoices for qualifying beneficiaries of the SAIL Home Oxygen Program.					
Submitting equipment reports as outlined in the Agreement between the Ministry and the Oxygen Supplier.					
Service Authorization					
I acknowledge that I have read and signed this form and understand my roles and responsibilities as described in this form and in the Agreement between eHealth Saskatchewan and the Oxygen Supplier, as well as my obligations under HIPA. User's signature:					
					Date (YY/MM/DD)
Date access is required:					
					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 Inform	nation				
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 337-0600)					

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