



## SAIL SUPPLIES SYSTEM (SSS) ACCOUNT REQUEST FORM

- ▶ 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

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

User's Full Name printed: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Working Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Depot/Warehouse: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Access Requested

User groups:  Invoicing/Maintenance  Invoicing/Maintenance/Financial  
 Invoicing/Maintenance/Client-Payee  Client/Payee Registration  
 Financial  System Administrator

### User's Agreement

#### General Agreement

- As a user of the system, I recognize the importance of securing personal health information.
- I agree to utilize the information included in the SSS for the purposes authorized by the Drug Plan & Extended Benefits Branch Head or their designate.
- I recognize that the use of this data for unauthorized or unlawful purposes is strictly prohibited and is subject to prosecution by the Government of Saskatchewan or its agents.

#### Workstation Security

- I agree to keep secure all data available to me in the system. I will not allow unauthorized users to access this information.
- I will keep private all passwords associated with the system.
- I have secured my workstation with a screen-saver password to assure security should I leave my machine for an extended period of time.

### Service Authorization

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

Date access is required: \_\_\_\_\_ Date (YY/MM/DD) \_\_\_\_\_

### Manager's Information

I acknowledge that the subscriber is permitted access to the selected services.

Name: \_\_\_\_\_ (please print) \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Signature: \_\_\_\_\_ Date (YY/MM/DD) \_\_\_\_\_

### Authorized Approver's Information

Name: \_\_\_\_\_ (please print) \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Signature: \_\_\_\_\_ Date (YY/MM/DD) \_\_\_\_\_

**SAC requests should be forwarded to :** Saskatchewan Aids to Independent Living (SAIL)  
3475 Albert Street, Regina SK, S4S 6X6  
Fax #: (306) 787-8679

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