



SASKATCHEWAN VIRTUAL VISIT ACCOUNT REQUEST FORM

Please complete this form if you are requesting a Saskatchewan Virtual Visit Account and submit the completed form to your respective organizational approvers:

ISC - ehalthisc@canada.ca	SMA - emr@sma.sk.ca
SCA - virtual.care@saskcancer.ca	Other - servicedesk@ehealthsask.ca

Organization Information

Organization: Are you part of an existing SK Virtual Visit Clinic? Yes No If you selected **No**, please complete the clinic setup form on **page 2**.

User Information

Type of Request (Select One): New User Remove User Change:

Name (First and Last):

Permission Type: Clinical User Office Support/User Job Title/Specialty:

Clinic/Department: Program:

Facility: City/Town:

Work Email: Phone:

User Agreement

General Agreement

- As a user of the system, I recognize the importance of securing personal health information pursuant to the Health Information Protection Act (HIPA) and applicable Policies and Work Standards within my Organization.
- I agree to utilize the information included in the system for the purposes authorized by my Regional Executive Director 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.

I hereby acknowledge the above obligations regarding my user roles and responsibilities associated with Saskatchewan Virtual Visit.

User Signature: Date:

For Organization Approver Use Only

Organization Approver Name (First and Last): Email:

Organization Approver Signature: Date:

SK VIRTUAL VISIT CLINIC SETUP

Clinic Name:

Physical Address (including postal code):

Clinic Email:

Clinic Phone Number:

Do you have a clinic logo you would like visible on the platform?

- Yes, please provide a photo (size 172x42 recommended).
 No

Do you want patients to be able to schedule their own appointments or do you prefer your administrative staff to manage all patient scheduling? (Patient self-scheduling is a feature that can be turned on/off and is applied at the clinic level.)

- Allow patients to self-schedule in addition to office admin scheduling
 Allow only office admin to do scheduling

Would you prefer SMS or Email Scheduling Notifications? (if patient self-scheduling is enabled) SMS Email

Do you want patients to be able to provide consultation feedback? (Feedback is visible to all clinic staff and cannot be customized.)

- Yes No

Do you want to record consultations? (This is turned off by default and requires a request to your Organizational Approver to turn on.)

- Yes No

Do you want the ability to login to more than one device at the same time? Yes No

Technical Section: These questions are required for each physical site where healthcare is provided. If you do not know the answer to any of the questions, please consult your IT support to assist in providing the correct response.

Do you have IT support for your site/office? Yes No

Name	Email	Phone

Does everyone in your office have use of a dedicated computer with their own unique username and password?

- Yes No

Is your internet connectivity consistently: (If unknown, you can test your internet speed using a website such as: <https://speedtest.net>)

- 10 Mbps or below 50-100 Mbps.
 10-25 Mbps. 100+ Mbps.

Do the computers in your office meet the following specifications?

- Latest version of Chrome, Edge, Safari or Firefox
 Built in webcam or external webcam to enable video
 Audio (e.g. built in speakers and microphone). If not, a bluetooth or detachable headset/mic may be required.
 Secure internet or Wi-Fi (hard-wired ethernet is preferable but a Wi-Fi connection should suffice).

Do you regularly update your operating system?

- Yes No

Do you regularly update your internet browser?

- Yes No

Do you currently use two factor authentication for any of your current applications?

- Yes No

For Organization Approver Use Only (For new clinic setup)

Organization Approver Name (First and Last):

Email:

Organization Approver Signature:

Date: