

SHARED CLIENT INDEX (SCI)

INSPECTOR ACCOUNT & REPORT ACCESS REQUEST FORM

The Saskatchewan Shared Client Index Viewer is an application that allows authorized users to view identification data on individuals who have received or may receive health care in the province. The information available in the SCI Viewer is to assist health care providers and health care organizations with appropriate and accurate information as available.

SCI Viewer User Roles & Responsibilities

- Users are responsible for ensuring they have read and are familiar with the SCI Policy and Procedure Manual.
- 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 HIPA.
- Users must use SCI data only in accordance with established data access agreements between source organizations and consumer organizations and/or as authorized by eHealth Saskatchewan.
- Users must be authorized by an Authorized Approver within and Approved Organization. Approvers and Organizations must be authorized by eHealth Saskatchewan in accordance with the SCI Policies and Procedures Manual.
- A User is identified and authenticated by an Authorized Approver to view and use SCI data. The Approved Organization and the Approver are accountable for actions of the User.
- Users who are viewing data with SCI through the Viewer are responsible for selecting the correct person from the candidate list and protecting of the reuse of the information for purposes other than health care delivery.
- User access is audited.
- Inappropriate use of the SCI View shall be reported to the eHealth Saskatchewan's Chief Privacy Officer.
- Any violation of privacy legislation and and eHealth Privacy and Security policy will be dealt with according to the eHealth's Privacy and Security Breach Management protocols.

Use is Consistent with the Purpose

The use of the Shared Client Index system, 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)*

- Supporting the identification and registration of persons seeking or receiving health care services, including access to the Saskatchewan provincial health number.
- Supporting the accurate and timely management of client identification data within health care systems.
- Supporting the integration of clinical patient results within legacy systems.
- Supporting the management of EHR services such as privacy and health records.

Restrictions on Use

The Shared Client Index will not be used for the following purposes:

- To look up information on a person(s) for personal reasons.
- To search for people for personal reasons.
- To use the information provided in the candidate list 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 view the SCI Viewer training materials on the application's Splash Page. To receive one-on-one training, please contact the Service Desk to submit the request to the EHR Data Management Team.

Workstation Security

- The User will secure all data available from the SCI. 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 or Email: servicedesk@ehealthsask.ca

User Information (NOTE: All user information fields are mandatory.)

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

User's Full Name printed: _____ Work Phone #: _____

Health Organization Name: _____ Facility: _____

Working Title: _____ Email Address: _____

Environment ☒ Production

Access Requested

User Level (check one): ☐ SCI Inspector ☐ Report Access

Service Authorization

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

Date access is required: _____
Date (YY/MM/DD)

Manager's Information

Name: _____
(please print) Work Phone Number

Signature: _____
Date (YY/MM/DD)

I acknowledge that the requestor has read and understands the responsibilities and uses as described in this form and my obligations under HIPA. I further acknowledge that I have been authorized by eHealth Saskatchewan to grant this approval.

Authorized Approver's Information

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.

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