



Electronic Death Registration and Notification 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 from receiving the request.

Return to: Fax Number: 306-781-8480 or **Email:** servicedesk@ehealthsask.ca

User Information

Type of Request (check one):	New User	Change In User Type	Remove Access
First Name: _____	Last Name: _____	Work Phone #: _____	
Working Title: _____	Work Email Address: _____		
Facility/Physical Work Location (used to sign MCD/SOD (list all): _____	User ID (eHealth Account): _____	eHealth Domain (i.e. RQHR): _____	
Role:	Medical Informant	Community Coroner	Provincial Coroner
	Hospital/Medical Clerk	Full-Time Coroner	Funeral Director
			Funeral Home Clerk

User Confidentiality Agreement

Pursuant to The Vital Statistics Act, 2009 (the "Act"), every death in Saskatchewan must be registered with the Registrar of Vital Statistics at eHealth Saskatchewan. All providers will promptly complete and submit the approved electronic statements within EDRN, which set out the particulars of the death.

Pursuant to The Vital Statistics Act, 2009:

- A medical certificate of death shall be completed by a medical informant (physician or prescribed practitioner) and submitted to the funeral director (as defined in The Funeral and Cremation Services Act) to whom the body has been released or to the registrar of Vital Statistics if the body has not been released to a funeral director.
- A medical informant who is awaiting the results of an autopsy, or a coroner to whom a death has been reported but who has not completed the investigation of the death, shall complete, and submit via EDRN an interim medical certificate of death as soon as is practically possible to the funeral director to whom the body has been released.
- A funeral director will promptly complete the registration of death and submit to the Registrar.

The identifiable information that can be viewed or submitted into the EDRN constitutes vital statistics information and is subject to the provisions of the Act, and in some cases federal privacy laws such as the Personal Information Protection and Electronic Documents Act.

As a user of EDRN, I hereby agree as follows:

1. As a medical informant I will access confidential vital statistics information within EDRN only as needed to complete a medical certificate of death or answer reasonable enquiries from the informant about a certified registration (the “Authorized Purpose”)

OR

As a funeral director I will access confidential vital statistics information within EDRN only as needed to register a death, amend a death registration or answer reasonable enquiries from the informant about a certified registration (the “Authorized Purpose”).

2. I will not disclose any vital statistics information other than for the Authorized Purpose.

3. I will safeguard my login credentials that allow me to access EDRN. I will not share my login credentials with other people under any circumstances. I will log out when not using the EDRN. I will not leave my device or computer unattended when logged in to EDRN. I accept responsibility for all activities undertaken using my login credentials.

4. I will immediately advise eHealth if I become aware of, or reasonably suspect, any unauthorized or improper access to, use of or disclosure of any vital statistics information gathered for the Authorized Purpose or any breach of the requirements of this Agreement.

5. I understand that failure to comply with this Agreement may result in loss of privileges to access EDRN. eHealth Saskatchewan may, at any time, revoke my authorization or access to the EDRN.

6. I understand that my obligations under this Agreement will continue after termination of my privileges and access to EDRN.

7. I understand that every person who knowingly uses or discloses vital statistics information contrary to the Act is guilty of an offence under section 108 of the Act and is liable on summary conviction to a fine of not more than \$10,000.

Service Authorization

User's Signature:

Date (DD/MM/YYYY)

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