

eHealth Saskatchewan
REQUEST FOR USER OR FACILITY EHR VIEWER AUDIT

Requested Reporting Details

Please answer the following questions to narrow your request, to ensure we capture the desired details in the audit report.

1. What is the specified date or date range that should be used? _____
2. Is the audit of all users with eHR Viewer accounts at your organization, or is there a particular user whose access needs to be audited? ☐ All users ☐ Employee Name: _____
3. Is the audit of all patients whom have been accessed in the eHR Viewer by your employees with accounts, or is there a particular patient whose profile should be audited? If there is a specific patient(s), please specify: _____
4. Should all privacy events be captured in the report or specific events only (ex. break-the-glass events, view laboratory profile events)? If only specific events, please specify: _____
5. If there are any other details you feel pertinent to the audit report you are requesting, please note here: _____

I, the undersigned, would like to request that (an) audit report(s) be provided to me on behalf of the organization listed below.

Organization/Facility Name: _____
Address: _____ Town/City: _____ Province: _____
Role of Authorized Delegate: ☐ eHR Viewer Approver ☐ Regional Privacy Officer
Contact Email Address of Authorized Delegate: _____
Printed Name of Authorized Delegate: _____
Signature of Authorized Delegate: _____

Please submit the completed form to:

Mail: eHealth Privacy and Access Unit
Suite 101 - 1901 Scarth Street
Regina, SK S4P 4L4

Email: privacyandaccess@eHealthSask.ca