

SASKATCHEWAN HEALTH AUTHORITY - SASKATOON
PACS Application Form for
Practitioners/Residents Practitioner Clerk

In order to configure your access to the PACS used in the Saskatchewan Health Authority , the following information is required. In addition, you will be required to sign the attached Confidentiality Acknowledgement for PACS and/or RIS.

Practitioner/Clerk Name	
Department	
Division	
SHA Office Address (include Room #/Site if known)	
SHA Office Phone Number	
Email Address	

Practitioner/Clerk Signature: _____

Manager Signature: _____

Manager's Name (Print) _____

Manager's Phone Number _____



Confidentiality Acknowledgement
Picture Archiving and Communication System (PACS)
and/or
Radiology Information System (RIS)

Saskatchewan Health Authority is committed to respecting and ensuring the privacy, security and confidentiality of personal health information, consistent with Saskatchewan Health Authority Policies and Procedures and legislative requirement (including *The Health Information Protection Act* (HIPA)).

Personal health information includes:

- Information about the health of an individual
- Information with respect to a health service provided to an individual
- Information with respect to the donation, testing of or examination of any body part or any bodily substance of the individual
- Information collected incidental to providing health service
- Registration information

I hereby acknowledge and/or understand that:

- I have been or will be granted access to PACS (Picture Archiving and Communication System) and/or RIS (Radiology Information System)
- I should only access PACS and RIS when necessary to perform my duties on a need-to-know basis or in compliance with HIPA.
- I should not share my PACS and/or RIS Username and/or Password with anyone.
- I should not leave a computer unattended while I am logged into PACS and/or RIS on that computer.
- In accordance with the provincial legislation *The Health Information Protection Act* (HIPA), I should not disclose any personal health information obtained through access to PACS and/or RIS to anyone except in direct performance of the duties or in compliance with an exemption contained in HIPA.
- I should not use my position in Saskatchewan Health Authority in order to collect personal health information that is not required for the provision and support of healthcare services.
- PACS and/or RIS usage is audited on a regular basis and any suspicious or questionable access or use will be investigated.

By logging in to PACS and/or RIS, I understand and acknowledge that the information within this application should only be used for the provision or support of health care services. I have been advised of and have reviewed the Saskatchewan Health Authority, Policy Directive SHA-07-003: Privacy and Confidentiality and *The Health Information Protection Act*. I understand that any unauthorized collection, use, or disclosure of personal health information may result in discipline, up to and including termination of employment or revocation of privileges. A privacy breach may be reported to the Information Privacy Commissioner (IPC).

By signing below, I confirm I have read and understood the above expectations:

Name of employee/physician (please print): _____

Signature of employee/physician: _____

Date: _____ SKTNHR Username: _____