

eDOCSNL Program Provider Transfer Notification

To initiate the process to transfer from one Med Access practice to another within the eDOCSNL program, please complete the steps below.

Clinic Transfer Information:

- The participating Provider must provide 90 days (12 weeks) written notice to Newfoundland and Labrador Centre for Health Information (NLCHI) that he/she wishes to move from one Med Access practice to another within the eDOCSNL program.
- The participating Provider is responsible for meeting all requirements of the College of Providers and Surgeons of Newfoundland and Labrador, including Bylaw 6: Medical Records as a part of their move.
- The participating Provider must communicate, through this notification, how data in their EMR is to be handled/transferred. A Practice Advisor will contact to discuss further once this notification has been received and then inform Telus of Providers intent to transfer to another clinic within the eDOCSNL Program.
- Telus will contact the Provider to discuss data transfer options, processes and associated costs.
- The Provider is responsible for all costs associated with their data transfer and must pay any outstanding eDOCSNL program or service fees related to the clinic they are leaving.
- The subscription fee will remain the same and will follow the Provider to the new clinic.

Step 1: Acknowledgement of Transfer

I, _____ am requesting to transfer my subscription from one Med Access practice to another within eDOCSNL. By submitting this application I am initiating my 90 day transfer notice period with NLCHI.

I understand and acknowledge this is not a benefit included with my eDOCSNL program subscription and that I am responsible for any and all fees associated with this activity and that Telus will discuss options and costs as part of the transfer process (data export \$1500, data import \$1500).

Step 2: Provider Transfer Information

Complete the table below with the terminating provider's information

Anticipated Transfer Date: _____

Last Name		First Name		Middle Name/Initial
License #		Provider Mnemonic		
MCP Billing #		Email		
Main Phone		Direct Phone		

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Current Clinic Information:

Clinic Name		Street Address	
City/Town	Province	Postal Code	Phone

New Clinic Information:

Does this clinic currently use Med Access? _____ Start Date: _____

Clinic Name		Street Address	
City/Town	Province	Postal Code	Phone

Step 3: Signature and Contact Information

SIGNED at the City/Town of _____ in the Province of
Newfoundland and Labrador this _____ day of _____, 20____.

Provider Signature: _____

Date: _____

Step 4: Email, fax or mail completed signed form to:

eDOCSNL

c/o NL Centre for Health Information

70 O'Leary Avenue, St. John's, NL, A1B 2C7

Email: info@edocsnl.ca **Fax:** 709-752-6529

Personal information collected on this form is collected under the Newfoundland and Labrador Access to Information and Protection of Privacy Act and will only be used for the administration of eDOCSNL. Inquiries about the use and protection of this personal information should be directed to the ATIPPA Coordinator at NL Centre for Health Information.