

Addition of a Provider Application

To add a new Provider to your clinic, please complete the steps below.

Note:

- The clinic signing authority must approve the addition of a new provider.
- The process to add a Provider can take between 8 and 12 weeks.
- The provider may be responsible for a \$500 transfer fee when transferring between EMR instances.
- Scheduling will be done in collaboration with TELUS, the RHA and the eDOCSNL Program.

Step 1: Clinic Information

<input type="text"/>	<input type="text"/>	
Clinic Legal Name	Corporation Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City/Town	Postal Code

Step 2: Provider Add Information

Complete the table below with the new Provider's information.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name/Initial
Provider Type <input type="text"/>	License # <input type="text"/>	Provider Mnemonic <input type="text"/>
MCP Billing # <input type="text"/>	Email <input type="text"/>	
Provider Speciality <input type="text"/>	Main Phone <input type="text"/>	Direct Phone <input type="text"/>
<input type="radio"/> FFS Provider	<input type="radio"/> RHA Salaried Provider	<input type="radio"/> FFS Within RHA

Previous formal* TELUS Med Access Training? If yes, where was the training?

Do you currently have an EMR license at another clinic?
If yes, what is the name of the clinic?

Anticipated Start Date (DD/MM/YY) _____ Lab Results Set Up

Note: MCP must be contacted and updated if the new Provider will be using Med Access for billing.

* Formal training – new provider was a licenced provider at the clinic with training provided by a learning specialist from TELUS

Step 3: Authorize New Physician

I, , as the clinic signing authority, authorize
(new provider name)

to access the personal health information of patients in the clinic named above.

Clinic Signing Authority Date (YYYY/MON/DD)

Step 5: Submit Application

Email, fax completed form to:

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.