

## eDOCSNL Program Termination/Withdrawal Notification

As per your signed Physician Participation Agreement section 5.0 and 6.0, to initiate the process to terminate/withdraw from the eDOCSNL program, please complete the steps below.

### Termination/Withdrawal Information:

- The participating provider **must** provide 90 days written notice to Newfoundland and Labrador Centre for Health Information (NLCHI) that he/she wishes to withdraw from the eDOCSNL program.
- The participating provider **acknowledges** that upon the effective date of withdrawal from participation in eDOCSNL, he/she will no longer be entitled to access, use or disclose EMR data using Med Access.
- The participating provider is **responsible** for meeting all requirements of the College of Physicians and Surgeons of Newfoundland and Labrador, including Bylaw 6: Medical Records.
- The participating provider must communicate, through signing this application, how data in their EMR is to be handled/transferred.

### Approval can be provided by:

**The provider signing the termination form.**

**The provider consenting to allow another user to sign on their behalf (ie: clinic manager, RHA, etc). Please indicate this in "Comments" field under the Provider Signature field at the bottom of the form.**

**If the provider is not available to sign and another user signs on their behalf, please indicate that you are unable to reach the provider in "Comments" field under the Provider Signature field at the bottom of the form.**

- NLCHI will inform TELUS of provider's intent to exit eDOCSNL Program.
- TELUS will contact the provider to discuss data extraction options, processes and associated costs. The provider is **responsible** for all costs associated with their data extraction.
- The participating provider is **responsible** to pay any outstanding eDOCSNL program or service fees

## eDOCSNL Program Termination/Withdrawal Notification

### Step 1: Acknowledgement of Termination/Withdrawal

I,  am requesting to terminate my participation in eDOCSNL by delivering this written Notice of Termination to the EMR Program Director. By submitting this application I am initiating my 90 day termination notice period with NLCHI.

### Step 2: Format and Manner of Data Transfer

As per the Personal Health Information Act S. 4(3) and the Physician Participation Agreement section 22.1 data can be transferred using either data export, electronic printout, assignment of records.

The format and manner I wish to have my EMR Data transferred is:

Option:  (Note: you may choose more than 1 option)

A: Data Export    B: Electronic Printout (PDF)    C: Assignment of Records to Another Provider

**If you are assigning records to another provider, please have them print and sign below.**

Provider Name:     Provider Signature:

I understand and acknowledge that I am responsible for any and all costs associated with this/these option(s) and that Telus will discuss options and costs as part of the termination process.

### Step 3: Provider Termination Information:

Complete the table below with the terminating provider's information

Anticipated End Date: \_\_\_\_\_

Last Name:     First Name:     Middle Name/Initial:

Clinic Name:

License Number:     Provider Mnemonic:

FFS Provier     RHA Salaried Provider     FFS within RHA

MCP Billing:     Email:

Main Phone:     Direct Phone:

Forwarding Address:

Reason for Termination:

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### Step 4: Signature

SIGNED at the City/Town of  in the Province of Newfoundland and Labrador this

day of  , 20

Provider Name:

Provider Signature:

Comments

### Step 5: Email, fax completed signed form to:

eDOCSNL

Email: [info@edocsnl.ca](mailto:info@edocsnl.ca) Fax: 709-752-6529