

## 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 they wish to withdraw from the eDOCSNL program.
- The participating provider acknowledges that upon the effective date of withdrawal from participation in eDOCSNL, MedAccess use will no longer be accessible.
- 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.
- An EMR Practice Advisor 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
- The participating provider is responsible to ensure the RHA (Meditech) and MCP have been updated with new address

## eDOCSNL Program Termination/Withdrawal Notification

### Step 1: Acknowledgement of Termination/Withdrawal

I,  am requesting to terminate my participation in eDOCSNL.

By submitting this application I am initiating my 90 day termination notice period as outlined in the participation agreement.

### 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 from below)

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

***If data migration is chosen, please ensure you are the Primary Provider in the demographics of all patient charts.***

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

Assignee Provider Name:

Assignee Provider Signature:

I understand and acknowledge that I am responsible for any and all costs associated with this/these option(s) and that an EMR Practice Advisor 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 day seeing patients):

Anticipated End Date (Accessing EMR):  Date to turn off eResults:

Last Name:  First Name:  Middle Name/Initial:

Clinic Name:

License Number:  Provider Mnemonic:

FFS Provider     RHA Salaried Provider     FFS within RHA     FFS Specialist     Salaried Specialist

MCP Billing:  Email:

Main Phone:  Direct Phone:

Mailing Address:

City:  Province:  Postal Code:

## eDOCSNL Program Termination/Withdrawal Notification

Reason for Termination:

### 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 or fax completed signed form to:

eDOCSNL

Email: [info@edocsnl.ca](mailto:info@edocsnl.ca)

Fax: 709-752-6529