

Step 1: Clinic Information

Clinic Legal Name

Zone/Region

Clinic Address

City/Town/Postal Code

Clinic Phone #

Clinic Email Address

Clinic ID/Mnemonic

Step 2: Provider Information

Last Name

First Name

Middle Name/Initial

Provider Email Address

Main Phone #

Direct/Cell Phone #

Provider Role

Specialty

License #

Provider Mnemonic

Billing #

FFS Provider

FFS Specialist

FFS in NLHS

Salarid Provider

Salaried Specialist

Anticipated Start Date

Anticipated End Date

Med Dialog (eFax/eReferral)

Electronic Results Delivery _____

Effective Date for eResults _____

Are you part of a Blended Capitation Group? _____

If yes, please specify group: _____

Will you be a regularly scheduled provider at the clinic identified above? _____

Or will you be covering for another EMR Licensed provider in the clinic identified above (ie: Locum)? _____

Are you, or will you be working at another clinic in addition to the one listed above in Step 1? _____

If yes, please specify: _____

Please specify if you are currently a licensed EMR user on another MedAccess Instance: _____

Step 4: Authorization

I, _____, as the clinic signing authority, authorize _____
to access to personal health information of patients in the clinic named above.

Clinic Signing Authority Signature

Date

Step 5: Submit Application

Email or fax completed form to:

Email: info@edocsnl.ca

Fax: (709) 752-6529

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

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.