

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: User Information

Last Name

First Name

Middle Name/Initial

Email Address

Main Phone #

Direct/Cell Phone #

Role

Specialty

License #

Provider Mnemonic

Billing #

FFS Provider

FFS Specialist

FFS in NLHS

Salarid Provider

Salaried Specialist

Anticipated Start Date

Have you used Med Access before?

Med Access Comfort Level

What dates are you available for training (please provide 3 options below).

Date 1: _____

Date 2: _____

Date 3: _____

If possible, please provide a user with the same access you are requesting: _____

What topics would you like covered during the training session? _____

Are you part of a Blended Capitation Group? _____

If yes, please specify group: _____

Step 3: 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 Health Services.