

**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](mailto: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.*