

To initiate the process to terminate/withdraw from the eDOCSNL program, please complete the steps below. This is in accordance with your signed EMR Participation Agreement, sections 5.0 & 6.0.

Termination/Withdrawal Information:

- The participating provider must provide 90 days written notice to the eDOCSNL Program, that they wish to withdraw/terminate their EMR subscription.
 - The participating provider acknowledges that upon terminating from the eDOCSNL program, Med Access use will no longer be accessible, effective the End Date specified below.
 - 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, or**
 - **The provider consenting to allow another user to sign on their behalf (ie: clinic manager, RHA, etc). Please indicate this in the “Comments” field under the Provider Signature field at the bottom of the form, or**
 - **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 the “Comments” field under the Provider Signature field at the bottom of the form.**
 - NLCHI will inform TELUS of provider's intent to exit the eDOCSNL Program.
 - An EMR Practice Advisor will contact the provider to discuss data extraction options, processes, and associated costs. The provider may be responsible for all costs associated with their data extraction.
 - The participating provider is responsible to pay any outstanding eDOCSNL program or service fees upon termination.
 - The participating provider is responsible to ensure NL Health Services (Meditech) and MCP have been updated with the correct address
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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 EMR Participation Agreement section 22.1, data can be transferred using either data export, electronic printout, or assignment of records. **If Data Export or a PDF is chosen below, please ensure you are the Primary Provider in the demographics of all patient charts. If you are assigning records to another provider or custodian, please have them print and sign below also.**

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

(A)Data Export

(B)Electronic Printout (PDF)

(C)Assignment of Records to another Custodian

(C)Assignee Custodian Name _____

Assignee Signature: _____

Step 3: Provider Termination Information

Clinic Terminating From

Clinic ID/Mnemonic

Last Name

First Name

Middle Name/Initial

Email Address

Direct/Cell Phone #

License #

Are you part of a Blended Capitation Group: _____ If yes, please specify: _____

Anticipated End date (seeing pts): _____ Date Anticipated End date (using EMR): _____

to turn off eResults: _____

FFS Provider

FFS Specialist

FFS in NLHS

Salaried Provider

Salaried Specialist

Reason for termination:

Step 4: Signature of terminating provider

Signature: _____

Date: _____

Comments:

Step 5: Submit Application

Email or fax completed form to:

Email: info@edocsnl.ca

Fax: (709) 752-6529

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.