Med Access EMR Provider Transfer Notification

Please complete the steps below to initiate the process to transfer from one Med Access practice to another within the eDOCSNL program.

Please note:

- The participating Provider must provide at least 90 days (12 weeks) written notice to eDOCSNL that they wish to move charts from one Med Access instance to another.
- The participating Provider is responsible for meeting all requirements of the NL College of Physicians and Surgeons, including Bylaw 6: Medical Records, as a part of their move.
- Once this transfer notification is received by the eDOCSNL program, a Practice Advisor will contact you to discuss the transfer process and any applicable costs associated.
- If applicable, Telus will facilitate the data transfer and validation process and will contact you to review.

Step 1: Acknowledgment of Transfer

I, _____, am requesting to transfer my EMR subscription from one Med Access instance to another, within eDOCSNL. By submitting this application, I am initiating my 90-day transfer notice period. I understand and acknowledge that this is not a benefit included with my eDOCSNL program subscription, and that I may be responsible for any and all fees associated with a data migration. An eDOCSNL Practice Advisor will discuss these options and costs as part of the transfer process (ie: data export cost: $1500, data import cost: $1500, administration fee: $500).

Step 2: Provider Transfer Information

_____ Last Name	_____ First Name	_____ Middle Name/Initial
_____ Email Address	_____ Primary Phone #	_____ Cell Phone #
-Select Role	_____ Specialty	_____ License #
_____ Billing #		

Step 3: 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 identified, 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 to another Custodian

If (C), assigned Custodian Name: _____ Assignee Signature: _____

eDOCSNL
ELECTRONIC MEDICAL RECORD

Med Access EMR Provider Transfer Notification

Current Clinic Information (clinic you are transferring from):

_____ _____
Current Clinic Name (transferring from) Current Clinic ID/Mnemonic

_____ _____ _____
Current Clinic Address City/Town/Postal Code Current Clinic Phone #

New Clinic Information (clinic you are transferring to):

_____ _____
New Clinic Name (transferring to) New Clinic ID/Mnemonic

_____ _____ _____
New Clinic Address City/Town/Postal Code New Clinic Phone #

Is this clinic part of a Blended Capitation Group? -Select If yes, please specify: _____

Will you also participate in a Blended Capitation Group? -Select If yes, please specify: _____

Anticipated Start Date: _____ EMR Results: -Select Effective Date: _____

EMR Add ons: ☐ eFax ☐ eReferral ☐ Virtual Visits

CorCare Link: Y/N Register here: https://carelink.epic.nlhealthservices.ca/EpicCareLink/common/account_request_main.asp

Step 4: Signature(s)

Provider Name: _____ Provider Signature: _____

Date: _____

Step 5: Submit Application

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.