

To initiate the process to terminate/withdraw from the eDOCSNL program, please complete the steps below.

Please Note: 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 EMR user 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 this termination form; or
 - The provider consenting to allow another user to sign on their behalf (ie: clinic manager, etc). Please indicate provided consent in the "Comments" field under the Provider Signature field at the bottom of this form; or
 - If the provider is unavailable to sign this form 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.
- eDOCSNL will inform TELUS of the provider's intent to exit the EMR 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 and MCP have been updated with the correct address for patient results delivery.

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 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 of Records to another Custodian

(C) Assigned Custodian Name _____

Assignee Signature: _____

Step 3: User Termination Information

Clinic Terminating From

Clinic ID/Mnemonic

Last Name

First Name

Middle Name/Initial

Email Address

Cell Phone #

License #

Terminating a Blended Capitation Group? _____ If yes, please specify:

End date seeing pts: _____ End date using EMR: _____ Date to turn off eResults: _____

Also terminating CorCare Hyperspace and/or CorCare Link? _____

FFS Family Medicine

FFS Specialist

NP Private

NLHS Salaried Provider (View Only)

Reason for Termination:

Step 4: Signature of Terminating User

Signature: _____

Date: _____

Comments:

Step 5: Submit Application

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.