

Alberta Health Services Request for Provider/Prescriber Set-Up in Health Information Systems

This form is designed to work with Adobe Reader, for best results download and open on a computer. If it is being completed on a mobile device or web browser all functionality may not be available. Once completed this form can be submitted via Fax to 1.780.544.1792 or printed scan to AHS.Provider_Requests@ahs.ca. It can also be submitted electronically using Adobe Reader on the last page.

Requestor/Contact (must be provider/prescriber or office manager)

Request type:

1 Provider/Prescriber Information (Names & specialties in Connect Care are auto-populated by the information you've entered on your College license renewal website)

| | | |
|------------------------------|--|-----------------------|
| Legal Last Name | Legal First Name | Legal Middle Name |
| Preferred Last Name | Preferred First Name | Name Suffix |
| Alias Names | Status (Select status) | Status Effective Date |
| | Inactive Status Reason (Select Reason) | |
| Provider type: (Select Type) | Primary Specialty | Other Specialties |
| If other, specify: | | |

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3 Identifiers

| | |
|--------------------------------|-----------------|
| College ID (CPSA, CARNA, etc.) | Practitioner ID |
|--------------------------------|-----------------|

Connect Care Provider ID (identifies the ordering provider regardless of location)

Clinic/Location/Client/Office (If new, complete new locations information on page 2)

Name of Clinic/Location/Client/Office

If the provider works at more than one location, is this the Primary/Default location?
 Yes No (if no, provide the name & phone number of their primary/default location)

Is the provider working as a locum at this location? No Yes (if yes, answer the following)
 Start date: _____ End date: _____ Covering for: _____

Building name

Room/Suite Street Address and City

Province Country Postal Code

Phone # Extension # Secure Fax # Email

3

Connect Care Submitter ID (location where lab tests are ordered from)

Connect Care Department ID (location where diagnostic imaging is ordered from)

Is the above address also the mailing address? Yes No (provide mailing address)

DynaLIFE lab use (for new locations) ONLY Specimen Collection Information

After-hours contact information (eg. for critical results notification)

Cell phone Home phone Pager Other (describe and provide #)

4

5 Result/Reporting Routing Mode Preference (Non-Connect Care Users Only. Connect Care users must use In Basket)

Fax (Secure Fax # from the Section Above) Delivery (must complete bottom of Page 2 and Page 3)

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This section can be used to list multiple providers at a new location or when requesting to update results delivery method for multiple providers

| Name (first middle last) | Primary/Default Location for results delivery? Y/N | PraclD | College ID | After-hours contact info (for critical results notification) | If locum, provide end date |
|--------------------------|--|--------|------------|--|----------------------------|
| | | | | | |
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To view more Community Care Provider resources, visit ahs.ca/ccproviderbridge

About the Request for Provider/Prescriber Set Up Form

This form (available here: <https://www.albertahealthservices.ca/frm-21762.pdf>) replaces the Alberta Precision Labs *Healthcare Provider Information and Set Up* forms, the DynaLIFE *Healthcare Provider Setup Request Form* and the eDelivery *Service Request Form*. For best results, save the form on a computer and then complete it using Adobe Reader; full functionality may not be available on a mobile device or web browser. Please complete the form as fully as possible.

1 Request Type. Choose:

New Provider = Only use if provider is registered Out-Of-Province (OOP)

Update Provider = Change in a providers' name, status, type or specialty (not clinic status)

Add Provider Location = Provider is adding a practice location

Update Provider Demographics = Change in a providers' facility/clinic information (e.g. fax, designated default location, etc.)

Remove Provider Location = No longer practicing at facility/clinic

New Location = New facility/clinic

Update Location Demographics = Updates to clinic address, fax and/or business phone number, etc.

Close Location = Clinic is closed

Update Results Delivery = Change in results delivery method, such as initiating, changing or terminating eDelivery setup (see also #6)

EMR Vendor Change = Clinic is switching EMR software

2 The **Status Effective Date** relates to your college admission date.

3 Include **Connect Care IDs** on this form and on test requisitions. To request your Connect Care IDs, add a text comment to the form. For more information about Connect Care IDs, visit [Community Provider Resources](#).

4 Please include at least one **after-hours contact** (for critical results notification).

5 The **Result/Reporting Routing Mode Preference** allows providers who work in the community to indicate the mode by which results are delivered. Providers who work in both the community and in AHS using Connect Care will receive results via the Connect Care In Basket and via their preferred routing mode.

6 Is this a new clinic? Be sure to include whether this is the primary location for each provider.

eDelivery users, continue to step 7. **Others: Submit by Email** at the end of the form, or send the saved form via email or fax.

If you are using or interested in using eDelivery, visit ahs.ca/info/Page15302.aspx

REQUIRED for eDelivery users only. Information to be provided by EMR vendor
For new clinic eDelivery setup or EMR vendor change - Attach a Public Encryption Key (do not attach a private key) to this request. It must be zipped and in 2048 bit RSA SECSH format.

If this is a Vendor change, identify previous vendor _____

EMR Vendor _____

EMR Representative _____ Phone # **7**

Software Product _____ Certified Version _____

Clinic FTP/Username (enter N/A if new location request) _____

Email _____

REQUIRED for eDelivery users only. Information to be provided by clinic.

Specified go-live date (allow min 10 business days) _____

Facility ID (AHW Class Facility ID) _____

In accordance with the Office of the Information & Privacy Commissioner (OIPC), a Privacy Impact Assessment must be submitted.
 OIPC File # or H Number _____

eDelivery Data Source Grid

Select this box to set up _____ (s) to receive the same data sources as other provider(s) at the same location. All eDelivery recipients will be set up to receive Connect Care data. (Includes Lab, DI, Cardiology, Endoscopy, and Microbiology.)

Part A: Reports from these data sources can be delivered to multiple locations per provider via eDelivery, based upon clinic location information provided when the request is received.

| Coverage | Former Health Entity (FHE) | Data Repository Sources | |
|---------------------------|----------------------------|--|--|
| | | Laboratory | Diagnostic Imaging & Transcription (DITR) |
| Calgary Zone | Calgary | <input type="checkbox"/> Alberta Precision Labs (APL) | <input type="checkbox"/> AHS Calgary Diagnostic Imaging |
| Edmonton Zone | Capital | <input type="checkbox"/> Alberta Precision Labs & DynaLIFE | <input type="checkbox"/> Diagnostic Imaging (Insight Medical Imaging (IMI), Medical Imaging Consultants (MIC)) |
| North Zone | Northern Lights | <input type="checkbox"/> Alberta Precision Labs & DynaLIFE | |
| Provincial | | <input type="checkbox"/> Alberta Precision Labs (Genetic Lab Services (GLS), Mitogen Advanced Diagnostic Lab (MADL)) | |
| Provincial (Connect Care) | | <input type="checkbox"/> Alberta Precision Labs & DynaLIFE (Connect Care) ¹ | <input type="checkbox"/> Connect Care Diagnostic Imaging ² , Connect Care Endoscopy ² , Connect Care Cardiology ² |

¹: AHS Edmonton zone Diagnostic Imaging is usually setup concurrently with Endoworks, Insight Medical Imaging (IMI) & Medical Imaging Consultants (MIC)
²: Copy-to (cc) results from Connect Care will be delivered only to the default location per provider.

Part B: Reports from these data sources, including both ordered results and oo copies, can be delivered to only one default location per provider via eDelivery. (I.e. if a provider works at more than one clinic location, the provider must select a default delivery location. All results ordered by that provider, regardless of location, will be delivered to the default delivery location only.)

| | | | |
|---------------------------|-----------------|---|--|
| Edmonton Zone | Capital | | <input type="checkbox"/> AHS Edmonton Zone Diagnostic Imaging and Endoworks |
| South Zone | Chinook | <input type="checkbox"/> Alberta Precision Labs (APL) | <input type="checkbox"/> AHS Rural Diagnostic Imaging |
| | Palliser | <input type="checkbox"/> Alberta Precision Labs (APL) | <input type="checkbox"/> AHS Rural Diagnostic Imaging and Physician Documentation (pDOC) |
| Central Zone | David Thompson | <input type="checkbox"/> Alberta Precision Labs (APL) | <input type="checkbox"/> AHS Rural Diagnostic Imaging |
| | East Central | <input type="checkbox"/> Alberta Precision Labs (APL) | <input type="checkbox"/> AHS Rural Diagnostic Imaging |
| North Zone | Aspen | <input type="checkbox"/> Alberta Precision Labs (APL) | <input type="checkbox"/> AHS Rural Diagnostic Imaging |
| | Peace Country | <input type="checkbox"/> Alberta Precision Labs (APL) | <input type="checkbox"/> AHS Rural Diagnostic Imaging |
| | Northern Lights | | <input type="checkbox"/> AHS Rural Diagnostic Imaging |
| Provincial | | | <input type="checkbox"/> Dictation Speech Transcription (DST, Nuance eScript) |
| Provincial (Connect Care) | | | <input type="checkbox"/> Connect Care Diagnostic Imaging |

Contact servicesdesk_embis@ahs.ca should you need to determine which data sources are currently set up at your clinic. For information on each source's data, and when results are delivered by data source, visit the eDelivery website at <https://www.albertahealthservices.ca/info/Page15302.aspx>

Submit by Email

Form Sections for eDelivery Users – Instructions:

- Clinics work directly with their **EMR vendor** to complete this section:
 - Requests from clinics using eDelivery are required to include their EMR vendor in the requests process, to provide EMR-specific information with each request. EMR vendors remain able to submit the form on behalf of their clients. Signatures are no longer required.
 - The EMR vendor contact listed on the form will be included in communications about this request.
 - Encryption Key Pairs (Public Key = EMR BIS; Private Key = specific to clinic) are security requirements for new eDelivery setups and EMR vendor change requests. The public key must be zipped and in 2048 bit RSA SECSH format.

Please do not send the private key along with the public key.

- Your request will be completed as soon as possible once ALL required information is received. Please specify if you require a specific go-live date. Allow at least two weeks' notice if targeting a specific date for initiating or making changes.
- The **Facility ID** is also known as the Alberta Health (AH) Billing ID, or Alberta Health and Wellness (AHW) Class Facility ID. If you do not know your clinic's Facility ID, access the [Delivery Site Registry](#) (DSR).
- Enter the clinics' up-to-date **Privacy Impact Assessment** information in the provided field. It details that the clinic is using EMR software to receive results electronically, and is a prerequisite for electronic results delivery.
- Select the **Data Sources** required, or check the option to set up new providers with the same data sources as others at the clinic, if applicable.
 - This grid is only applicable for NEW eDelivery setups, and requests to add and remove data sources from the clinic setup.
 - All clinics using eDelivery will be configured to receive Connect Care results delivery.
- When the form is complete, click **Submit by Email** or send the form via email or fax.

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