IMPORTANT INFORMATION

Purpose

This form is used to confirm:

1. Your EMR system is receiving, processing and displaying the electronic reports sent via eDelivery and these electronic reports match your paper/fax copies, where applicable
2. All health care providers at your facility are set up to receive eDelivery
3. You would like to stop receiving paper/fax copies of the reports you now receive electronically via eDelivery.
    Note: paper suppression will apply to all providers at the clinic, and cannot be applied to only one or some providers at the clinic

Alberta Health Services (AHS) and the Electronic Medical Record Business Integration Services (EMR BIS) eDelivery service are responsible for the electronic delivery of results to your Clinic. Your EMR vendor is responsible for how your results are updated, displayed and processed in your individual EMR System.

Activation and Deactivation

In Section 2, please specify which Health Care Provider(s) you wish to turn off fax/paper result delivery for.

Note: Results from some data sources cannot be turned off by Health Care Provider(s), as delivery is controlled by site (*ie.* either all, or none of the Health Care Providers at a given clinic may receive fax/paper results for these particular result types). These data sources include Connect Care, Medical Imaging Consultants (MIC), as well as Capital Health/Edmonton zone labs, including Dynalife and Specimen Gate.

Unless otherwise specifically noted in Section 3, this form will suppress **ALL** fax/paper reports that the Clinic/Health Care Provider listed in Section 2 is/are currently subscribed to via eDelivery:

*   Laboratory results
*   Diagnostic Imaging and Transcribed Reports (DITR)
*   Endoworks
*   Dictation Speech Recognition Transcription (DST)
*   Connect Care (Lab, Diagnostic Imaging, Cardiology, Endoscopy, Documentation)

Other reports that are specifically delivered by fax/paper but not via eDelivery will continue to be delivered by fax/paper to your clinic. If you are uncertain of what results you are set up to receive via eDelivery, please contact EMR BIS.

Fax/paper results may be turned back on in the event of a potential patient care issue by contacting ServiceDesk.EMRBIS@ahs.ca.

Authorization

By completing and signing this form you have verified and agreed to the following:

1. All the providers working at this clinic are setup for eDelivery
    *   Paper suppression cannot be processed for Connect Care results until all providers are on eDelivery.
    *   Delivery of reports to providers copied (cc) on a report cannot be suppressed from Connect Care, and as such, paper/fax copies of cc reports will continue to be delivered in parallel.
2. Your EMR system is receiving, processing and displaying the electronic reports sent via eDelivery and these electronic reports match your paper/fax copies
3. All identified health care providers have the necessary access to review electronic results
4. You would like to stop receiving paper/fax copies of the reports you now receive electronically via eDelivery

Submission

In order to process this form, please ensure all sections are completed and submit to *servicedesk.EMRBIS@ahs.ca*

Alberta Health Services

Paper Suppression Request
(Formerly known as Validation Sign-off & Paperless Distribution Form)

Section 1 – Clinic Information

Clinic Name

Does this clinic go by any other name?	☐ No
	☐ Yes If so, please state name _____

Clinic's Physical Address

City	Postal Code	Clinic Phone Number	Clinic Fax Number

Clinic Email Address *(Must be an e-mail address that is checked regularly)*

Clinic Representative Name	Title/Role

Are you receiving CLS/Prov lab results?
☐ No   ☐ Yes, enter your Facility ID *(Also referred as AH Billing ID)* _____

Are you receiving Capital Health/Rural results?
☐ No   ☐ Yes, enter your Location Code(s) as applicable _____

Connect Care Submitter ID	Connect Care Department ID

EMR Vendor Name

Section 2 – Healthcare Provider Information

Are all the providers working at the clinic set up for eDelivery?
☐ Yes
☐ No, *please complete an eDelivery service request (https://www.albertahealthservices.ca/info/Page15309.aspx)
to add these providers for eDelivery results delivery.*

Unless otherwise specifically noted in Section 3, this form will suppress **ALL** fax/paper reports that the Clinic/Health Care Provider(s) listed below is/are currently subscribed to via eDelivery:

- Laboratory results
- Diagnostic Imaging and Transcribed Reports (DITR)
- Endoworks
- Dictation Speech Recognition Transcription (DST)
- Connect Care (Lab, Diagnostic Imaging, Cardiology, Endoscopy, Documentation)

***Note**: Please proceed to (Appendix A) to enter more Health Care Providers*

First Name	Middle Name	Last Name

Section 3 – Special Instructions

Are there any data sources for which fax/paper results should not be turned off?
(See Important Information - Activation and Deactivation)
☐ No   ☐ Yes _____

_____

Section 4 – Authorization

Name of Clinic Representative	Signature	Date *(dd-Mon-yyyy)*

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Alberta Health Services

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Appendix A: Additional Health Care Provider form

First	Middle	Last