

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

This form is designed to work with Adobe Reader. For accurate results **SAVE** it on a computer and then open the form.

Completion guide: www.ahs.ca/assets/info/cis/if-cis-cc-completion-guide-ahs-request-for-provider-setup-his-form.pdf

Once completed this form can be submitted by:

Fax at _____ or printed scanned and emailed to _____

It can also be submitted electronically using the submit button on the last page

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

Request type: _____

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 _____ Inactive Status Reason _____	Status Effective Date
Provider type: _____ If other, specify: _____	Primary Specialty	Other Specialties

Identifiers

College ID (<i>CPSA, CARNA, etc.</i>)	Practitioner ID
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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 _____

Is this the provider's primary 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	City
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Province	Country	Postal Code
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Phone # Extension #	Secure Fax #	Email
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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 Info _____

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

<input type="checkbox"/> Cell phone	<input type="checkbox"/> Home phone
<input type="checkbox"/> Pager	<input type="checkbox"/> Other (<i>describe and provide #</i>)

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

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

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	PracID	College ID	After-hours contact info (for critical results notification)	If locum, provide end date

LAB USE ONLY

APL - Organization/Facility Number

APL - Provider Number (APL)

APL – Route Stop ID

DynaLIFE – NARP Sent

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 attached 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 #
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 manager.

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 provider(s) to receive the same data types as other provider(s) at the same clinic (*Skip Part A & B*)
All eDelivery recipients will be set up to receive Connect Care Results, including: *Lab, DI, Cardiology, Endoscopy, and Documentation.*

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

Coverage	Former Health Entity (FHE)	Data Repository Sources	
		Laboratory	Diagnostic Imaging & Transcription (DITR)
Calgary Zone	Calgary	<input type="checkbox"/> Alberta Precision Labs (<i>APL</i>)	<input type="checkbox"/> AHS Calgary Diagnostic Imaging
Edmonton Zone	Capital	<input type="checkbox"/> Alberta Precision Labs & DynaLIFE	<input type="checkbox"/> Diagnostic Imaging (<i>Insight Medical Imaging (IMI), Medical Imaging Consultants (MIC)</i> ¹)
North Zone	Northern Lights	<input type="checkbox"/> Alberta Precision Labs & DynaLIFE	
Provincial		<input type="checkbox"/> Alberta Precision Labs (<i>Genetic Lab Services (GLS), Mitogen Advanced Diagnostic Lab (MADL)</i>)	<input type="checkbox"/> Canada Diagnostic Centres (<i>CDC</i>)
Provincial (<i>Connect Care</i>)		<input checked="" type="checkbox"/> Alberta Precision Labs & DynaLIFE (<i>Connect Care</i>) ²	<input checked="" 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 cc 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 (<i>APL</i>)	<input type="checkbox"/> AHS Rural Diagnostic Imaging
	Palliser	<input type="checkbox"/> Alberta Precision Labs (<i>APL</i>)	<input type="checkbox"/> AHS Rural Diagnostic Imaging and Physician Documentation (<i>pDOC</i>)
Central Zone	David Thompson	<input type="checkbox"/> Alberta Precision Labs (<i>APL</i>)	<input type="checkbox"/> AHS Rural Diagnostic Imaging
	East Central	<input type="checkbox"/> Alberta Precision Labs (<i>APL</i>)	<input type="checkbox"/> AHS Rural Diagnostic Imaging
North Zone	Aspen	<input type="checkbox"/> Alberta Precision Labs (<i>APL</i>)	<input type="checkbox"/> AHS Rural Diagnostic Imaging
	Peace Country	<input type="checkbox"/> Alberta Precision Labs (<i>APL</i>)	<input type="checkbox"/> AHS Rural Diagnostic Imaging
	Northern Lights		<input type="checkbox"/> AHS Rural Diagnostic Imaging
Provincial			<input type="checkbox"/> Dictation Speech Transcription (<i>DST, Nuance eScripton</i>)
Provincial (<i>Connect Care</i>)			<input checked="" type="checkbox"/> Connect Care Documentation

Contact servicedesk.emrbis@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>