# Alberta Health Services

# Request for Provider 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 electronically using the Submit button** *(bottom page 2)*, **or**
Printed and Faxed to _____   Scanned and emailed to _____

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

| Name | Contact Number/ Email |
|---|---|
| **Request type:** _____ | Effective Date |

## Clinic/Location/Client/Office

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

Clinic/Location/Client/Office Name

| Room/Suite/Unit | Street Address | |
|---|---|---|
| City | Province | Postal Code |
| Phone Number | Clinic Secure Fax Number | |
| Email | | |

Is the above address also the mailing address? ☐ No *(provide mailing address)*

## Result/ Report Delivery Mode *(choose one)*

| ☐ Fax *(Secure Fax number from the Section Above)* | ☐ eDelivery *(Complete eDelivery section below)* | ☐ Connect Care In Basket *(Only if provider has access to Connect Care)* |
|---|---|---|

*See page 2 to add Provider/Prescriber information.*

## Required for eDelivery users only - EMR Vendor Information

EMR Vendor/ Software Product

| EMR Representative | Email |
|---|---|

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

## If requesting new eDelivery service or changing EMR vendor

*Attach the public encryption key only to this request. It must be zipped and in 2048 bit RSA SECSH format.* **(EMR vendor must provide.)**

Specify go-live date *(allow minimum of 10 business days)*

If vendor change, identify previous vendor

*In accordance with the Office of the Information & Privacy Commissioner (OIPC), a Privacy Impact Assessment must be submitted.*

OIPC File # or H Number

## If adding provider(s) to eDelivery service, select the data sources that you want to receive via eDelivery

☐ Set up provider(s) to receive the same data types as other providers at the same clinic, **OR** choose from below

**Alberta Health Services Data Sources**
☑ Provincial Connect Care *(Lab, DI, Endoscopy, Cardiology, Documentation, Provider Communication)* **\*MANDATORY**

**Private Community Diagnostic Imaging Service Providers**
☐ Insight Medical Imaging *(IMI)*, Medical Imaging Consultants *(MIC)*
☐ Canada Diagnostic Centres *(CDC)*

*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*

*For information on Results Routing, visit the Delivery of Results to Community-based Providers from Connect Care website at*
*https://www.albertahealthservices.ca/cis/Page17671.aspx*

# Request for Provider Set-Up in Health Information Systems

## Provider/Prescriber Information

| PRAC ID | Connect Care Provider ID | Authorizing Provider Name - Last, First, Middle (preferred) e.g., Smith, Robert, Timothy (Bob) | Primary Location (Yes/No) | Critical Results Contact Number & Description - cell, PCN, etc. e.g., Mosaic PCN 999-999-9999 | Secure Fax Number (if different from above) | If Locum, End Date |
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