

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 <i>(must be provider/prescriber or office manager)</i>		
Name	Contact Number/ Email	
Request type: _____	Effective Date	
Clinic/Location/Client/Office		
Connect Care Submitter ID <i>(location where lab tests are ordered from)</i>		
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? <input type="checkbox"/> No <i>(provide mailing address)</i>		
Result/ Report Delivery Mode <i>(choose one)</i>		
<input type="checkbox"/> Fax <i>(Secure Fax number from the Section Above)</i>	<input type="checkbox"/> eDelivery <i>(Complete eDelivery section below)</i>	<input type="checkbox"/> Connect Care In Basket <i>(Only if provider has access to Connect Care)</i>

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 <i>(enter N/A if new location request)</i>	
If requesting new eDelivery service or changing EMR vendor	
<i>Attach the public encryption key only to this request. It must be zipped and in 2048 bit RSA SECSH format. (EMR vendor must provide.)</i>	
Specify go-live date <i>(allow minimum of 10 business days)</i>	
If vendor change, identify previous vendor	
<i>In accordance with the Office of the Information & Privacy Commissioner (OIPC), a Privacy Impact Assessment must be submitted.</i>	
OIPC File # or H Number	
If adding provider(s) to eDelivery service, select the data sources that you want to receive via eDelivery	
<input type="checkbox"/> Set up provider(s) to receive the same data types as other providers(s) at the same clinic, OR choose from below	
Alberta Health Services Data Sources	
<input checked="" type="checkbox"/> Provincial Connect Care <i>(Lab, DI, Endoscopy, Cardiology, Documentation, Provider Communication)</i> *MANDATORY	
<input type="checkbox"/> Provincial Dictation Speech Transcription <i>(DST)</i>	
<input type="checkbox"/> Newborn Metabolic Screening Lab	
Private Community Diagnostic Imaging Service Providers	
<input type="checkbox"/> Insight Medical Imaging <i>(IMI)</i> , Medical Imaging Consultants <i>(MIC)</i>	
<input type="checkbox"/> Canada Diagnostic Centres <i>(CDC)</i>	

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>

