



REQUEST FOR EMR INTEGRATED SERVICES

- If you are unclear about any fields, please call the Service Desk 1-888-316-7446 (local 306-337-0600)
- Requests are typically processed within three weeks from date of request receipt.

Return to: Fax Number: 306-781-8480
 Email: servicedesk@ehealthsask.ca

CLINIC INFORMATION (Fields marked with a red asterisk * are mandatory)			
Clinic Legal Name*		Date Submitted to Service Desk*	
Clinic Mailing Address*			
City*		Postal Code*	
Phone*		Fax Number*	
Contact Name*		Email*	

***Clinic Contact information may be used for the delivery of critical lab results or in the event of an outage to fax notifications/results**

EMR INFORMATION (check applicable)			
EMR Application*	<input type="checkbox"/> TELUS Health Med Access	<input type="checkbox"/> QHR Technologies Accuro	<input type="checkbox"/> Varian (SCA)

SERVICES REQUESTED*				
Check all that apply:	<input type="checkbox"/> Electronic Labs	<input type="checkbox"/> Chronic Disease Management (CDM)	<input type="checkbox"/> eHR Viewer Launch in Context	<input type="checkbox"/> Pharmaceutical Information Program (PIP)
	<i>Pages 1 and 2 (add) or 1 and 3 (updates) are required</i>	<i>Pages 1 and 4 are required</i>	<i>Pages 1 and 5 are required.</i>	<i>Pages 1 and 6 are required to request PIP to EMR. Please note PIP to EMR is currently only available for QHR Accuro.</i>

Notes:	SMA / PHC Representative:
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ELECTRONIC LABORATORY RESULTS TO EMR

Add Provider Request

Note: Copy this page if more than three providers are to be added.

ADD A NEW PROVIDER INFORMATION		
Provider Full Name	Title (Dr., NP, etc.)	First Name and Last Name as Registered with CPSS
MSB Billing Number		
Does this provider practice in multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, which clinic is considered their primary location*		
Requested Date to Implement Labs:		
* Note: Primary location EMR will be the recipient of <u>all</u> electronic labs		

ADD A NEW PROVIDER INFORMATION		
Provider Full Name	Title (Dr., NP, etc.)	First Name and Last Name as Registered with CPSS
MSB Billing Number		
Does this provider practice in multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, which clinic is considered their primary location*		
Requested Date to Implement Labs:		
* Note: Primary location EMR will be the recipient of <u>all</u> electronic labs		

ADD A NEW PROVIDER INFORMATION		
Provider Full Name*	Title (Dr., NP, etc.)	First Name and Last Name as Registered with CPSS
MSB Billing Number*		
Does this provider practice in multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, which clinic is considered their primary location*		
Requested Date to Implement Labs:		
* Note: Primary location EMR will be the recipient of <u>all</u> electronic labs		

ELECTRONIC LABORATORY RESULTS TO EMR

Provider Updates

(check applicable)

- New Address “**New**” EMR Instance
- New Address “**Same**” EMR Instance
- Remove Provider from EMR Instance
- Update Contact Information
- Other – Please describe explicitly in “Notes” section

Note: Copy this page if necessary for multiple updates

UPDATED PROVIDER INFORMATION			
Provider Full Name	Title (Dr., NP, etc.)	First Name and Last Name as Registered with CPSS	
MSB Billing Number			
Reason for update			
UPDATED/FORWARDING ADDRESS (if applicable)			
Effective Date			
Clinic Name			
Clinic Address			
Phone		Fax	
If no longer practicing in Saskatchewan, labs are to forward paper lab results to:	Provider Name and Address		
Notes			

Categories:

- New Address “**New**” EMR Instance – Provider is leaving one EMR and practicing at a different EMR. Requires a separate form to remove from old EMR and add to new EMR.
- New Address “**Same**” EMR Instance- Clinic is physically moving their EMR to a new location OR Provider is moving to a new location within the EMR (PHC)
- Remove Provider from EMR Instance- Provider is leaving the EMR instance that they currently practice at.
- Update Contact Information- Updates to any contact information for either the clinic or a specific provider.
- Other- Any other updates that do not fall into the above categories.

CDM INTEGRATION REQUEST

Add Provider Request

LIST ALL USERS REQUESTING CDM EXPORT		
<u>User must be either a Physician or Nurse Practitioner</u>		
Last Name	First Name	Role (Physician or Nurse Practitioner)

eHR Viewer LAUNCH IN CONTEXT FOR EMR

Add Provider Request

LIST ALL USERS (If additional space is required, print this side of the request form and attach to request).

Registration **must** have:

1. Viewed the training: <https://www.ehealthsask.ca/services/ehr-viewer/Pages/default.aspx>
2. Obtained a myeHealth user account: <https://services.ehealthsask.ca/myehealth/pages/selfService/register.xhtml>
3. Read and understand the **Terms and Conditions of Use:**
 - Users are responsible for completion of the training available on the eHR Viewer Program Page.
 - Users are responsible for ensuring that the use of eHR Viewer data is on a need-to-know basis for the purpose of their health care work and it is in accordance with their health organization’s policies and procedures and HIPA.
 - User access is audited and inappropriate use of the information shall be reported to the Chief Privacy Officers of eHealth Saskatchewan. Any violation of privacy legislation will be investigated and addressed.

Last Name	First Name	MSB Billing Number (MD/ NP or N/A)	Role in eHR Viewer (i.e. Physician)	eHR Viewer Username

PIP INTEGRATION REQUEST

Add Provider Request

LIST ALL PROVIDERS (If additional space is required, print this side of the request form and attach to request).

Registration **must** have:

1. PIP account needs to be provisioned by completing the registration and full PIP training:
<https://www.ehealthsask.ca/services/pip/Pages/default.aspx>
2. Read and understand the **Terms and Conditions of Use**:
 - Access to PIP GUI or PIP to EMR requires acknowledgement that users are responsible for insuring that the use is related to “need to know” for the purpose of their healthcare work only and is in accordance with their health organization’s policies and procedures and the *Health Information Protection Act* (HIPA).

User access is audited and inappropriate use of the information shall be reported to the Chief Privacy Officers of eHealth Saskatchewan and the Ministry of Health. Any violation of privacy legislation will be investigated and addressed.

Last Name	First Name	MSB Billing Number (MD/ NP or N/A)	PIP Username