REQUEST FOR EMR INTEGRATED SERVICES

Call the Service Desk 1-888-316-7446 (local 306-337-0600) if you are unclear about any fields below.

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

CLINIC INFORMATION

(Fields marked with a red asterisk are mandatory)*

Clinic Name * (as Registered with ISC)		Alternate Clinic Name	
Clinic Mailing Address*		Date Submitted to Service Desk	
City*		Postal Code*	
Phone*		Confidential Fax Number*	
Clinic MSB Number (if known)		Contact Name	

Clinic Contact information will 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*	☐ TELUS Health Med Access	☐ QHR Technologies Accuro	☐ Varian (SCA)

SERVICES REQUESTED*

Check all that apply

☐ Electronic Labs	☐ Chronic Disease Management (CDM)	☐ eHR Viewer Launch in Context	☐ Pharmaceutical Information Program (PIP)	☐ EMR Interoperability
Pages 1 and 2 (add) or 1 and 3 (updates) are required	*Pages 1 and 4 are required*	*Pages 1 and 5 are required*	*Pages 1 and 6 are required Please note PIP to EMR is currently available for QHR Accuro EMRs only*	*Pages 1 and 7 are required*

NOTES:	**SMA / SHA / PHC Representative:**

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
Alias Name (if applicable)		MSB Billing Number

Does this provider practice in multiple locations? ☐ Yes ☐ No

If Yes, which clinic is considered their primary location? *

Requested date to implement labs

*__NOTE:__ Primary location EMR will be the recipient of all electronic labs.

ADD A NEW PROVIDER INFORMATION

Provider Full Name	Title, (Dr., NP, etc.)	First Name and Last Name as registered with CPSS
Alias Name (if applicable)		MSB Billing Number

Does this provider practice in multiple locations? ☐ Yes ☐ No

If Yes, which clinic is considered their primary location? *

Requested date to implement labs

*__NOTE:__ Primary location EMR will be the recipient of all electronic labs.

ADD A NEW PROVIDER INFORMATION

Provider Full Name	Title, (Dr., NP, etc.)	First Name and Last Name as registered with CPSS
Alias Name (if applicable)		MSB Billing Number

Does this provider practice in multiple locations? ☐ Yes ☐ No

If Yes, which clinic is considered their primary location? *

Requested date to implement labs

*__NOTE:__ Primary location EMR will be the recipient of all 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 in detail in "Notes" section

NOTE: Copy this page if necessary for multiple updates

UPDATE PROVIDER INFORMATION				
Provider Full Name	Title, (Dr., NP, etc.)	First Name and Last Name as registered with CPSS		
Alias Name (if applicable)			MSB Billing Number	
Reason for update				

UPDATED/FORWARDING ADDRESS (if applicable)					
Effective Date:		Phone		Fax	
Clinic Name					
Clinic 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 where they currently practice.
- 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-QIP INTEGRATION REQUEST

Add Provider Request

LIST ALL USERS REQUESTING CDM-QIP EXPORT (If additional space is required, print this side of the request form and attach to request)

Please Note:

1. User must be either a Physician or Nurse Practitioner to request CDM-QIP Export
2. User must have a myeHealth account. (You can register for an account at https://myehealth2.ehealthsask.ca)
3. User must provide all the information requested in this form.

Last Name	First Name	MSB Billing Number (MD/NP or N/A)	Role in eHR Viewer (e.g. Physician/ Nurse Practitioner or Delegate)	myeHealth Username

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://myehealth2.ehealthsask.ca
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 the use of eHR Viewer data is on a need-to-know basis for the purpose of their health care work and 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 (e.g. 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 ensuring 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

EMR INTEROPERABILITY INTEGRATION REQUEST

Add Provider Request

LIST ALL PROVIDERS/USERS USING THE EMR

If additional space is required, print this page of the request form, and attach to request.

Please allow for additional processing time for EMRs with a large amount of users.

Users must have an eHR Viewer account and have eHR VIEWER LAUNCH IN CONTEXT enabled to receive notifications in their EMR.

By submitting this form for EMR Interoperability on behalf of the clinic/EMR instance indicated on the request form, I declare that a conversation has been had with the clinic/EMR instance and the users fully understand and consent to enabling data exchange between the clinic/EMR instance and eHealth Saskatchewan.

Submitter's Name	Submitter's Contact Number	Date (MM-DD-YYYY)

Last Name	First Name	Role in EMR	eHR Viewer Username