

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 for Non-AHS Clinic			
<input type="checkbox"/> Fax <i>(Secure Fax # from the Section Above)</i>		<input type="checkbox"/> eDelivery <i>(Complete eDelivery section below)</i>	

See page 2 to add Provider/Prescriber details.

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>	
If vendor change, identify previous vendor	
Specify go-live date <i>(allow minimum of 10 business days)</i>	
<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>



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

21762(Rev2024-01v2)