

CPM Intake Form: <https://www.albertahealthservices.ca/frm-21762.pdf>

For best results, save the form on a computer and complete it using Adobe Reader; full functionality may not be available on a mobile device or web browser.

Form Page 1 - Complete ALL fields as best you can to resolve your request faster!



Request for Provider/Prescriber 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 1.780.644.1792 Scanned and emailed to AHS.Provider_Requests

Requestor/Contact <small>(must be provider/prescriber or office)</small>		
Name	Contact Number/ Email	
Request type: Select type of request	Effective Date	
Clinic/Location/Client/Office		
Connect Care Submitter ID <small>(location where lab tests are ordered from)</small>		
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 <small>(provider/prescriber)</small>		

See page 2 to add Provider/Prescriber details.

eDelivery Details - EMR Vendor Information

1. Enter requestor's/ contact's name and contact number or email address for questions or follow up.
2. Select appropriate **Request Type**:
New Provider → out of province (OOP) or non-regulated (midwife, naturopathic) providers
Update Provider → change in provider's name, status, provider type, or specialty (not clinic status)
Add Provider Location → provider is adding a practice location/ clinic
Update Provider Demographics → change in provider's location/ clinic information (e.g., primary/ default location, fax number if different from clinic)
Remove Provider Location → no longer practicing at the location/ clinic
New Location → new location/ clinic
Update Location Demographics → updates to location/ clinic address, fax number, business phone number, etc.
Close Location → location/ clinic is closing/ closed
Update Results Delivery → change in results delivery such as initiating, changing, or terminating eDelivery setup
EMR Vendor Change → location/ clinic is replacing EMR software
3. **Effective Date** – specify the date this request becomes effective (e.g., for Add Provider Location, the date when the provider will start).
4. **Connect Care Submitter ID** → the location/ clinic number where lab tests are ordered from.
5. **Provider/Prescriber** details can be entered on page 2. There is space for 20 providers/prescribers.

See page 2 to add Provider/Prescriber details.

eDelivery Details - 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.)	
If vendor change, identify previous vendor	
Specify go-live date (allow minimum of 10 business days)	
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	
<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 (Lab, DI, Endoscopy, Cardiology, Documentation, Provider Communication) *MANDATORY	
<input type="checkbox"/> Provincial Dictation Speech Transcription (DST)	
<input type="checkbox"/> Newborn Metabolic Screening Lab	
Private Community Diagnostic Imaging Service Providers	
<input type="checkbox"/> Insight Medical Imaging (IMI), Medical Imaging Consultants (MIC)	
<input type="checkbox"/> Canada Diagnostic Centres (CDC)	

Contact service@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>

6. **eDelivery Information** → complete section if requesting new eDelivery service, changing EMR vendor or adding provider(s)/prescriber(s) to existing eDelivery set up.
 - Follow the directions or processes the EMR vendor has in place when completing and submitting this section. The EMR vendor can submit this form on behalf of their client; signatures are not required.
 - The EMR vendor contact listed on the form will be included in communications regarding this request.
 - Encryption Key Pairs (Public Key = EMR BIS; Private Key = specific to clinic) are security requirements for new eDelivery setup and EMR vendor change requests. The public key must be zipped and in 2048-bit RSA SECSH format. **Information to be provided by EMR Vendor.**
7. Your request will be completed as soon as possible once ALL required information is received. **Please specify if you require a specific go-live date** allowing a minimum 10 business days' notice for initiating or making changes.
8. Enter the clinic's up-to-date **Privacy Impact Assessment information**. This details that the clinic is using EMR software to receive results electronically; **a prerequisite for electronic results delivery.**
9. If adding a provider to existing eDelivery service, select to set the provider to receive the same data types as other providers or select an option from the list.

Note: Provincial Connect Care data source is mandatory.

Form Page 2 - Complete ALL fields as best you can to resolve your request faster!

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

Provider/Prescriber Information						
PRAC ID	Connect Care Provider ID	Authorizing Provider Name (last, first, middle)	Primary Location	Critical Results Contact Number & Description (e.g., cell, PCN, service, other)	Fax number for results delivery if not on eDelivery	If Locum, End Date
	10	11	12	13	14	
					<input type="checkbox"/> Fax number	
					<input type="checkbox"/> Fax number	
					<input type="checkbox"/> Fax number	
					<input type="checkbox"/> Fax number	
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					<input type="checkbox"/> Fax number	

We ask for both PRAC ID and Connect Care Provider ID to reduce confusion if there are multiple records with the same name.

- 10. Connect Care Provider ID** → if ID number is unknown, use the Connect Care ID Look Up Tool found on the [Connect Care Identifiers](#) website. If it can't be found, include this as a comment. Include the Provider/ Prescriber's **Connect Care Provider ID** on this form and on all test requisitions even if they are not using Connect Care.
- 11. Authorizing Provider Name** → enter legal name. If required, enter preferred name(s) in parenthesis either on same row or row following.
- 12. Primary/default location** → a provider/ prescriber with one or more locations in their Connect Care profile will have one address designated as the primary location. It is important to notify AHS of any changes to your primary location because it serves as the default location for the receipt of results and/or reports. Providers who also use Connect Care will have their "In Basket" set as their default location.
Be sure to include whether this is the primary/ default location for each provider/ prescriber as it will affect the delivery of results/ reports if they work in more than one location.
- 13. Critical Results Contact Number** → include at least ONE contact method and number for each provider/ prescriber to ensure they can be notified if required.
- 14.** If the provider/ prescriber provides a fax number different from the clinic's fax number for receiving results/ reports, specify that in the **Fax number for results delivery if clinic not on eDelivery** field.

When the form is complete, click [Submit by Email](#).

To view more Community Care Provider Resources, visit <https://www.albertahealthservices.ca/cis/Page16724.aspx>
 For more information about eDelivery, visit <https://www.albertahealthservices.ca/info/Page15302.aspx>
 For more information about delivery of results to community-based providers from Connect Care, visit <https://www.albertahealthservices.ca/cis/Page17671.aspx>