

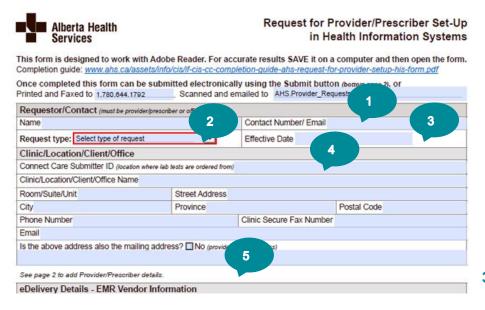




CPM Intake Form: https://www.albertahealthservices.ca/frm-21762.pdf

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!



- 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

- Effective Date specify the date this request becomes effective (e.g., for Add Provider Location, the date when the provider will start).
- 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.



Centralized Provider Maintenance (CPM) Intake Form - Instructions

eDelivery Details - EMR Vendor Information	
EMR Vendor/ Software Product	
EMR Representative	Email
Clinic FTP/ Username (enter N/A if new location request)	<u>'</u>
If requesting new eDelivery service or chan-	ging EMR vendor
Attach the public encryption key only to this request. It must be z	ripped and in 2048 bit RSA SECSH f
If vendor change, identify previous vendor	
Specify go-live date (allow minimum of 10 business days)	8
In accordance with the Office of the Information & Privacy Comm	nissioner (OIPC), a Privacy Impact Assessment must be submitted.
OIPC File # or H Number	
If adding provider(s) to eDelivery serv	he data sources that you want to receive via eDelivery
Set up provider(s) to receive the same data types	s as other providers(s) at the same clinic, OR choose from below
Alberta Health Services Data Sources	
☑ Provincial Connect Care (Lab, DI, Endoscopy, Card	liology, Documentation, Provider Communication) *MANDATORY
Provincial Dictation Speech Transcription (DST))
Newborn Metabolic Screening Lab	
Private Community Diagnostic Imaging Service	ce Providers
Insight Medical Imaging (IMI), Medical Imaging	
□ Canada Diagnostic Centres (cpc)	

Contact <u>servicedesk emrbis@ahs ca</u> 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/Page 15302.aspx

For information on Resulta Routing, visit the Delivery of Results to Community-based Providers from Connect Care website at https://www.albertahealthservices.ca/cis/Page17871.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.

DO NOT send the private key along with the public key.

Include the Provider's/ Prescriber's **Connect Care Provider ID** on this form and on all test requisitions even if they are not using Connect Care. If the ID number is unknown, please use the Connect Care ID Look Up Tool found on the <u>Connect Care Identifiers</u> website. If it can't be found, include this as a text comment.

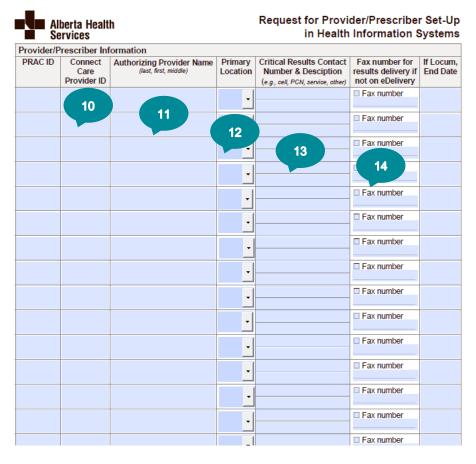
- 7. Your request will be completed as soon as possible once ALL required information is received. Please specify if you require a specific go-live date allowing a minimum 10 business days' notice for initiating or making changes.
- Enter the clinic's up-to-date Privacy Impact Assessment information. This details that the clinic is using EMR software to receive results electronically; a prerequisite for electronic results delivery.
- 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.



Centralized Provider Maintenance (CPM) Intake Form - Instructions

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



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