

## Acceptance of Your EMR Form

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This sample acceptance form illustrates how deficiencies in the electronic medical record (EMR) at the implementation stage will be addressed and is a collaborative form for communicating readiness to proceed with the implementation.

|                     |  |
|---------------------|--|
| <b>Clinic Name</b>  |  |
| <b>Vendor</b>       |  |
| <b>Go-Live Date</b> |  |

Approval is suggested before the new solution is used to collect medical record information. As duly appointed representatives of our organizations, we jointly indicate that:

1. The EMR will be delivered on the go-live date per the terms of the Service Provider – Physician Organization Agreement, recognizing that:
  - a. Services or items that were to be delivered as part of the clinic’s deployment, but which have not been delivered at this time, are considered a deficiency and have been added to the attached deficiency list.
  - b. Deficiencies have an action plan in place for resolution and if the deficiency is not addressed prior to go-live the associated risks are understood.
  - c. Deficiency action plans have been reviewed and accepted by the appropriate clinic representatives and they do not unduly obstruct the use of the EMR for production purposes in the clinic.

As such, we hereby provide:

1. Our approval to go-live with the EMR for the purpose of providing clinical care.
2. Our acceptance of the EMR implementation.

We also acknowledge that:

1. The go-live date demarks the start of the \_\_\_\_\_ business day warranty period for the EMR.
2. During the warranty period, new deficiencies may be identified and added to the deficiency list.
3. All deficiencies must be rectified or the clinic must agree they have been adequately addressed by the EMR vendor as a prerequisite for Final Acceptance of the EMR.

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Signature

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Signature

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[Print name] Lead Physician/Clinic Manager

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[Print name] Vendor Project Manager

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## Acceptance Form Deficiency List

**Clinic Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

|     |  |
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| 1.  |  |
| 2.  |  |
| 3.  |  |
| 4.  |  |
| 5.  |  |
| 6.  |  |
| 7.  |  |
| 8.  |  |
| 9.  |  |
| 10. |  |