CPAR Panel Request eForm Completion Instructions

Alberta
Alberta Netcare ELECTRONIC HEALTH RECORD

Central Patient Attachment Registry - Panel Request

Instructions

The information collected on this form is personal information as described in the *Freedom of Information and Protection of Privacy Act (FOIP)*. This personal information is collected and used pursuant to sections 33(c) and 39(1)(a) of the *FOIP Act*, as the collection is related directly to and is necessary for managing user access to CPAR panels. If you have questions or concerns about the collection, use or disclosure of this personal information, please contact eHealth Support Services at 1-855-643-8649.

The instructions for completing the form are included in a tab at the top of the pdf fillable form. All fields displayed are mandatory unless otherwise noted in the instructions or directly on the form.

Type of Panel Request - Complete one form per panel.

⦿ Create new panel ① ◯ Add facility or change facility ◯ Add/remove provider or change panel name ◯ Terminate panel

Comments (as applicable)*:

Panel Details – Complete this section for creation of a new panel.

Panel Name: Dr. Ted Smith's Panel ②

Facility Information – Enter the facility name and Billing ID for the new panel.

If more than one facility is to be assigned, select the Multiple Facilities button. A single panel is allowed to cover more than one clinic site only if those sites all share a single EMR instance. If the provider practices at more than one clinic site with separate EMR instances, a separate panel must be requested for each site.

Facility Name: White's Family Clinic ③

Facility ID (Billing ID, not WDFA key): 724700 ④

Add additional facility [+] [-] ⑤

Provider Information – Enter the provider associated to the panel.

Provider Last Name: Smith   First Name: Theodore ⑥

Preferred Name: Ted ⑦   Practitioner ID: 123123123 ⑧   Professional Designation: ⦿ MD ◯ NP ⑨

Do multiple providers share this panel? [+] [-] ⑩

Multiple providers may be listed on a single panel, where patient care is shared equally by those providers.

Primary Care Network (if applicable): Red Deer Primary Care Network ⑪

Type of Panel Request: ① Select 'Create new panel' for assignment of panel ID/# in CPAR.

Panel Details: ② Enter the name of the panel as it will appear in CPAR.

Facility Information: ③ Enter the Facility name, as it appears on clinic letterhead. ④ Enter the Facility/Billing ID used for billing. Not WDFA. ⑤ Click the '+' button to add another facility to the panel, if applicable. Refer to Facility Information in the section header.

Provider Information: ⑥ Enter provider's full name. ⑦ Enter provider's preferred name, if commonly used. ⑧ Enter provider's Practitioner ID (which is a 9 digit number). ⑨ Indicate if provider is a physician (MD) or Nurse Practitioner (NP). ⑩ Click the '+' button if panel is shared by two providers. ⑪ Select the PCN for the provider from the list, if applicable.

Submission Method:

◉ EMR Automated Submission   **12**

◯ * Alternate Submission (pre-approval required from Alberta Health)

EMR Vendor and Product: Microquest - Healthquest   **13**

(EMR Products that do not support automated panel upload are not listed)

*Please contact eHealth Support Services (1-855-643-8649) for additional information

Alternate Contact Information - Provide an alternate contact for the panel, such as a Site Liaison or Clinic Manager if available. The CPAR Access Administrator and Panel Administrator will be the primary contacts for this panel.

Last Name:	First Name:
Email:	Phone: **14**
Clinic Role:	

Authorization - This form must be signed by a CPAR Access Administrator authorized by the primary provider(s) for the panel.

Last Name: White	First Name: Snow
Day of Birth: 5	Month of Birth: Mar **15**
Email: swhite@email.com	Phone: 403-436-2345

Date (DD/MMM/YYYY):   12/10/2019   **16**   Signature: *Snow White*   **17**

eHealth Support Service Team – Office Use Only

Date (DD/MMM/YYYY): _____ QAC Signature: _____

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Provider Information: **12** Select EMR Automated Submission for CII/CPAR participation. **13** Select the EMR in use at the clinic from the drop down list.

Alternate Contact Information: **14** Enter information for an alternate contact for the panel if applicable.

Authorization: **15** Enter the CPAR AA's contact information to authorize the creation of the panel. **16** Print the form and enter the date when signed. **17** CPAR AA signs the printed form.