



## EMR Adoption Program Non-Participating Physician Consent Form

Form Purpose: The Non-Participating Physician Consent Form (NPPC) must be submitted with the New EMR Funding Application for Primary Care Groups where less than 50% of its physicians are participating in the EMR Adoption Program and the Group does not have any governance process in place to document the Group's decisions. Where there is a governance process that defines a document to record Group decisions, that document is submitted instead of the NPPC.

<b>Form Submission:</b> Mail or courier a completed and signed original of this form to OntarioMD at the following address: OntarioMD Inc. 150 Bloor Street West, Suite 900 Toronto, ON, M5S 3C1 Fax: 416 623-1249	<b>Questions:</b> For more information on New EMR Adopter Funding, call the general toll free number 1-866- 744-8663 or go to <a href="http://www.ontariomd.ca">www.ontariomd.ca</a> .
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Group Name	
Address	
Date	

Total Number of Physicians in Group	
Total number of signatories to this document	

We/I, the undersigned physician(s) of **<Group Name>** agree that we /I will adopt the same certified EMR offering chosen by the Participating Physicians should we/I, decide to participate in the EMR Adoption program in the future.

**Lead Physician:**

Name			
Signature			
CPSO		Date	

Reviewed by PMC/Date	Approved by/Date
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Signature	Signing Date
Name (first/last)	CPSO #
Signature	Signing Date
Name (first/last)	CPSO #
Signature	Signing Date

Reviewed by PMC/Date	Approved by/Date
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