



EMR Adoption Program EMR Upgrade Notice of Change Form

Form Purpose: Use this form to notify OntarioMD of changes that could affect the Group's participation in the EMR Adoption Program. This includes changes in the Group's EMR (offering, version, and specification) and changes in the Participating Physicians in the Group.

Signing: Print out this form, complete the section for the change(s) pertaining to the Vendor and have the form signed by the Group's **Lead Physician** (Part I).

Nomenclature: The terms used in this Notice of Change Form are the same as those used in the EMR Upgrade Terms and Conditions.

<p>Form Submission: Mail or courier a completed and signed original of this form to OntarioMD at the following address: EMR Adopter Funding Program Ontario MD Inc. 150 Bloor Street West, Suite 900 Toronto, ON, M5S 3C1</p>	<p>Questions: For more information on EMR Adopter Funding Program, call the general toll free number 1-866-744-8663 or go to www.ontariomd.ca.</p>
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Next Steps: On receipt of your completed form, OntarioMD will review it to determine whether changes need to be made to the Group's program funding or participation.

Part A: Group Information			
Group Name <i>(per Ministry Funding Agmt)</i> & Contact Information	Name	Telephone #	
	Address	Email	
Lead Physician Name & Contact Information <i>(where different from above)</i>	Name <i>(first/last)</i>	Address	
	Telephone #	Email Address	CPSO#
OntarioMD Practice Management Consultant			
Part B: Changes in Vendor Offering			
Check (✓) one of the following:	<input type="checkbox"/> Change in Selected EMR or <input type="checkbox"/> Upgrade of Deployed EMR		
Vendor Name	Authorized Integrator <i>(Only when vendor is McMaster University Department of Family Medicine)</i>	Vendor EMR Version #	
Name of Funding Eligible EMR Offering	EMR Specification Version #	Upgrade Date	
Part C: EMR Upgrade Information <i>(use this section to report when a group has upgraded their EMR as per the Terms and Conditions of the EMR Adoption Program)</i>			
Practice Location	Address	Practice Location	Address
	City / Postal Code		City / Postal Code
Practice Location	Address	Practice Location	Address
	City / Postal Code		City / Postal Code
Practice Location	Address	Practice Location	Address
	City / Postal Code		City / Postal Code
Practice Location	Address	Practice Location	Address
	City / Postal Code		City / Postal Code
<p>A separate form is required if any practice location of the group is using a different funding eligible EMR offering (version, specification, etc.).</p>			

Part D: Group Lead Physician Declaration & Signature

I, the undersigned:

- acknowledge that my group must: (a) use the same version of a funding eligible EMR offering; and (b) at such time as the Group's EMR vendor has a version of the EMR deployed in the Group certified against Ontario's latest EMR specification, upgrade to and use that version of the Vendor's EMR offering;
- acknowledge that my group will be required to submit all required supporting documents required for the administration of the EMR Adoption Program;
- **Notice:** am notifying OntarioMD of changes in the Group's participation in the EMR Adoption program; and
- **Privacy Consent:** understand and consent that the information on this form will be collected, used, retained and disclosed to administer the EMR Adoption Program and not for any other purposes. Only persons and organizations authorized by OntarioMD and eHealth Ontario shall have access to and use of this information.

Lead Physician Signature

Signature

Signing Date

For OntarioMD Use Only

Check (√) one of the following:

IAT Review Required or IAT Review **Not** Required

Reviewed by PMC/Date

Approved by/Date

Funded by/Date