

**New EMR Adoption Program Extension 2
EMR Adopter Funding
Performance Declaration**

Form Purpose: The Performance Declaration form confirms that the Participating Physicians listed are using the selected version of the Funding Eligible EMR offering in their practices for the lesser of 2/3 or 600 of their rostered / active patients to manage the care of these patients. This form and the EMR User Survey must be submitted to OntarioMD within 22 months from the signing of a Funding Agreement.

Where Performance Recognition requirements have not been met and/or the connection to any of the above services is delayed due to reasons beyond the control of physicians (e.g. vendor-related issues), and where eHealth Ontario has agreed in writing to the exemption as presented by the Applicant and OntarioMD, a Performance Recognition payment may be permitted.

EMR Progress Reporting (EPR) 'User Survey': Participating physicians must complete the EMR User Survey. The survey and instructions can be found at

Part of Funding Agreement: This form will be attached to and form part of the New EMR Adoption Program Extension 2 Funding Agreement.

Signing: Print out this form, complete parts A through C and have it signed by the Applicant's Lead Physician (Part C) and the listed Participating Physicians (Part B).

Form Submission: Submission of a completed and signed version of this form and associated documents to OntarioMD via fax 416 623 1249 or e-mail emrfunding@ontariomd.com.

Questions: For more information on EMR Adoption Funding, call the general toll free number 1-866- or go to www.ontariomd.ca

Next Steps: On receipt of the Performance Declaration, OntarioMD will review the form and confirm the completion of the Survey to determine whether the Performance Grant(s) are qualified for payment.

Part A: Applicant Information						
Applicant Name (per Ministry Funding Agmt, if applicable) & Contact Information	Name			Telephone #		
	Address			Email		
Lead Physician Name & Contact Information (where different from above)	Name (first/last)			Address		
	Telephone #	Email Address		CPSO#		
OntarioMD Practice Management Consultant						
Part B: Participating Physicians (as of the date of this Declaration) – Use a separate sheet of paper if more names are to be added.						
CPSO#	Name (first/last)	# of Rostered / Active Patients		CPSO#	Name (first/last)	# of Rostered / Active Patients
Part C: Signature & Performance Declaration						
<p>I, the undersigned, acting as the Applicant's authorized representative of the Participating Physicians and as Lead Physician confirm that each of the Participating Physicians listed above:</p> <ul style="list-style-type: none"> • is now eligible to receive the Performance Grant because he or she is now using, where possible, a Funding Eligible EMR for the lesser of 2/3 or 600 of his or her rostered/active patients, to make patient appointments, enter encounter notes for patients seen, enter problem lists for patients seen, make new prescriptions / renewals, and generate automated alerts / reminders to support care delivery and receive lab results electronically, directly into the EMR from the private labs that are supported by the EMR Specification and that are used by the physician; and • have completed the EMR Progress Reporting (EPR) User Survey. • Privacy Consent: understand and consent that the information on this form will be collected, used, retained and disclosed as necessary only 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		
CPSO #	Signature	Signing Date

Reviewed by PMC/Date	Approved by/Date	Funded by/Date
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