



**EMR Adoption Program
New Adopter EMR 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 twelve months from achievement of the Go-Live Declaration milestone.

EMR User Survey: Participating physicians must complete the EMR User Survey. The survey and instructions can be found at <https://www.ontariomd.ca/ir/epr>

Part of Funding Agreement: This form will be attached to and form part of the New EMR Adopter Funding Agreement.

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

<p>Form Submission: Mail or courier a completed and signed original of this form and related forms to OntarioMD at the following address: New EMR Adopter Funding OntarioMD Inc. 150 Bloor Street West, Suite 900 Toronto, ON, M5S 3C1</p>	<p>Questions: For more information on New EMR Adopter Funding, 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 the Performance Declaration, OntarioMD will review the form and confirm the completion of the Survey to determine whether the Performance Grant(s) should be paid.*

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

I, the undersigned, acting as the Applicant's authorized representative and Lead Physician confirm that each of the Participating Physicians listed above:

- is now eligible to receive the Performance Grant as he or she is now using a Funding Eligible EMR for the lesser of 2/3 or 600 of his or her rostered/active patients, where possible, to make patient appointments, enter encounter notes for patients seen, enter problem lists for patients seen, make new prescriptions / renewals, and to generate automated alerts / reminders to support care delivery and receive lab results electronically, directly into the EMR from the private labs supported by the EMR Specification and that are used by the physician; and
- has completed the **EMR 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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