**EMR Location Registry Org ID Request**

Send completed form to: MCEAdmin@gnb.ca

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| **Requester Information – to be completed by the requestor** | | |
| Date Requested: |  | |
| Requestor Name: |  | |
| Requester Phone Number: |  | |
| Requester Email Address: |  | |
| Request Type: | ***New******Update******Terminate*** | *(Please select one)* |
| Date of Implementation: | *(Required if new Org ID request)* | |

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| **EMR Organization Information** | | | | | |
| Name of Practice or Clinic: |  | | | | |
| Physician contact: |  | | | | |
| Organization Model: | RHA | | Open Market |  |  |
| EMR Application:  (*identify the EMR that the organization uses)* | Certified EMRs:  Intrahealth **Profile**  TELUS **PS Suite**  Other EMRs:  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | EMR Version: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hosting Model:  Hosted  On premises | |
| Address: |  | | | | |
| City: |  | | | | |
| Province: |  | | | | |
| Postal Code: |  | | | | |
| Phone Number: |  | | | | |
| Fax Number: |  | | | | |
| EMR email contact: |  | | | | |
| **For updates/terminates only,**  Existing EMR Organization ID: |  | | | | |
| **Assigned Location Registry IDs - to be completed by the Registries Integrity Unit** | | | | | |
| EMR Organization ID: | |  | | | |

**Information on Completing this Form**

***Organization Model and EMR Application***

1. **Organization Model**– if the clinic is managed by a Regional Health Authority (RHA), check “**RHA**”, otherwise check “**Open Market**”.
2. **EMR Application** – this information identifies the EMR application used by the clinic, including:
   1. EMR Application – name of the EMR used by the clinic. If the application used by the clinic is not an NB Certified EMR, please check “Other” and enter the name of the EMR
   2. EMR Vendor – organization that creates and maintains the EMR application;
   3. EMR Version – version of the EMR application being used by the clinic;
   4. Hosting Model – “hosted” means the EMR servers are hosted by the EMR Vendor; “on premises” means the EMR server is located within the clinic.

***Clinic Naming Guidance***

**1.**  **What are some examples of correct clinic names for the Location Index?**

* If the clinic is incorporated we should always use the corporation name as the clinic name.
* The clinic name should be the name used on the clinic’s letterhead.
* If the clinic name is the name of the physician it should contain both the physician’s first and last name.
* Some examples of appropriate clinic names containing physician’s names are as follows:
  + Clinic Dr. John Smith
  + Dr. John Smith’s Office
  + Dr. John Smith Professional Corporation
  + Dr. John Smith CP Inc.
  + Dr. John Smith MD PC Inc.
* Clinic names within a hospital should be specific, such as:
  + Saint John Regional Hospital – Neurology Clinic
* Palliative care clinic names should be requested as follows:
  + Horizon 2 Outpatient Palliative Medicine Service

**Note –** if a clinic has a generic name such as ‘The Health and Wellness Centre’ please **include the city** in brackets at the end of the clinic name.

**2. What are some examples of clinic names that should not be requested for the Location Index?**

* Clinic names containing a physician’s name should not be requested unless it contains the physician’s first and last name.
* If there are multiple physicians within one clinic, the name should not contain physician’s names and should have a specific clinic name.
  + The exception to this would be if the professional corporation name does in fact contain more than one physician’s name.
* Clinic names that are requested as a hospital name, such as Saint John Regional Hospital, will not be accepted unless the clinic name is more specific.
* Clinic names should **not** be the name of the building in which the clinic is located.
  + Clinics should have their own specific names as there could be multiple clinics within one building or health center.