

Mental Health and Addictions
Provincial EMR New User Access Request Form



Please submit completed forms to emrsupport@gov.pe.ca
 This form **must** be completed for all new users of the EMR system.
 Please allow **5-7 business days** for EMR access to be set up and training scheduled.

Production (access to live patient information)		Training Only	
USER INFORMATION: (* Fields Are Mandatory)			
Position Start Date (YYYY/MM/DD)*	Is this a temporary user (Locum/Casual/ Resident)	YES	NO
	If YES, please provide an end date, specific time for access:		
First Name*		Middle Name*	
Last Name*		Primary Specialty* Mandatory for all providers:	
Email *		Position: Please state official title <i>example: Social Service worker 13</i>	
Phone *			
Physicians, Locums, Nurse Practitioners, Resident, and Pharmacist only (All Fields Are Mandatory)			
Billing #		College License #	
Would you like to receive electronic DI/CIS/Lab results: (Please submit the CIS access form separately)		YES	NO
Site(s) Information Select all locations where you work			
Addictions Intensive Day Prgm	Lacey House	St. Eleanors	
Alberton Addictions	McGill-CMH	St. Eleanors House	
Alberton CMH	Montague - Addictions	Strength Prgm	
Behavioural Support Team	Montague - CMH	Student Well-being	
Brackley Stables	Operational Stress	Summerside -	
Community Outreach Centre Dept of Psychiatry	Injury PATF	Addictions Summerside	
Dr.Stewart-Psychiatry	Richmond Centre - CMH	- CMH Summerside M.C	
Insight Program	Small Options Homes	Talbot House	
	Souris - Addictions		
<u>Students (including Residents) only Section:</u> Please enter the Start/End dates of your rotations. Please include all clinic locations where you will be working and who you will be working under.			
Has the user received the Provincial EMR (CHR) training?		YES	NO
If yes, from whom (e.g., TELUS, EMR Advisor, Super User)?			

EMR Role

Please see:
Choosing
the
appropriate
roles below

MHA Admin Read-Only

MHA Clinical Read-Only

MHA Physician/NP

MHA Supervisor

MHA RN/LPN

MHA AHP Licensed

MHA AHP Unlicensed

MHA Medical Office Assistant

MHA Addiction Worker

MHA Youth Worker-Insight

MHA Youth Worker-Strength

MHA Youth Worker- SWT

MHA Student

SSW 13- Transitional Housing

Comments or other user role needs:

CLINIC LEAD APPROVAL

This request must be signed by an authorized approver:

*(Physicians/NP, Medical Affairs, Non-HPEI Clinics, Residents, NP Students, Medical Students, that they will be working for/with, who is an existing EMR User OR Locum Coordinator OR Supervisor/Manager. **(Supervisors/Managers are responsible to notify the EMR program to disable an existing user with the EMR Change user request form***

Authorized by (print/type name)

Signature

Request Date

Phone

E-mail