

Completing the Confirmation of Participation (CoP) Form

Primary care, pediatrician and mixed primary care/specialty clinics

Choose the form for up to 10 providers or the form for up to 25 providers located [in Part 2: Registration and Participation](#) section. Refer to pages 3-9 of the form for additional instructions.

The information collected on this form is personal information as described in the *Freedom of Information and Protection of Privacy Act (FOIP)*. This personal information is collected and used pursuant to sections 33(c) and 39(1)(a) of the *FOIP Act*, as the collection is related directly to and is necessary for administering provider participation in CII/CPAR. If you have questions or concerns about the collection, use or disclosure of this personal information, please contact eHealth Support Services at 1-855-643-8649.

Community Information Integration (CII) and Central Patient Attachment Registry (CPAR) CONFIRMATION OF PARTICIPATION - Primary Care and Pediatric Clinics					
PART A - CLINIC DETAILS					
Clinic Name	Clinic Address	Facility ID	W DFA		
EMR Vendor & Product <small>Select from drop-down menu</small>	Is your EMR shared with another clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	Name of Clinic(s) the EMR is shared with:			
PCN Affiliation and Practice Facilitator (If applicable) PCN: <small>Select PCN Affiliation from drop-down menu</small>	CII/CPAR Site Liaison (Primary) Name:	Site Liaison (Alternate)			
PF Name:	Role:				
Email:	Email:				
Phone:	Phone:				
PART B - CLINIC READINESS (All fields to be completed)					
Have you completed the PIA Update Self-Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	What type of PIA update is required? <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Not sure	Clinic EMR PIA Date <input type="checkbox"/> Not sure	Is clinic live on Alberta Netcare? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure		
Have you completed the Panel Readiness Checklist? <input type="checkbox"/> Yes, every box checked <input type="checkbox"/> No, checklist incomplete <input type="checkbox"/> Not applicable (no panels)		Is clinic actively participating in a capitation based Clinical Alternative Relationship Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure			
PART C - PARTICIPATING PROVIDER(S)					
Provider Name and Email Address* (*required for access to CII/CPAR reports)	Provider PCN Membership None / not sure (drop down)	Participation Type			Specialty Skill Code ³ (if applicable)
1 Provider Name Provider Email Address	Select from drop-down menu	Encounters	Panels and eNotifications	Consult Reports	
2	Same as above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Same as above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Same as above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Same as above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Same as above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ Primary provider choosing to submit panels and eNotifications, must submit encounters as well. Note: eNotifications are currently only available for MQ and Telus.
² Primary providers that write consults may choose to upload consults, provided they list their speciality in the speciality column.
³ Guidance on speciality may be found in Part C of the instructions.

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Clinic Name matches clinic letterhead.

A person in the clinic who does billing knows the Facility ID or see tips at the end of this form to find it in your EMR. The clinic Netcare Access Administrator will know the W DFA.

A shared EMR occurs when more than one clinic uses the same database 'in the cloud' with another clinic. Both clinics can access the same patient records.

The Site Liaison (SL) usually completes this form and the role is key and often a clinic manager. The SL is a key contact during implementation. Choose an alternate SL. See [Roles and Responsibilities Document](#).

Clinic Readiness: The readiness section relates to [panel](#), [Netcare](#) and [privacy](#) readiness. The e-Health team needs to know if the clinic is already participating in an [alternate compensation arrangement](#).

List all interested providers such as physicians and/or allied health team members such as nurses, dieticians or others that book appointments in the scheduler and have encounters or consult reports to submit to the [CED](#) or Netcare.

Use the drop-down menu to choose the PCN membership for each physician or NP registered with a PCN. Choose 'none' if the provider is NOT a registered PCN member.

Any provider can choose 'Encounters' to submit encounter information to the [CED](#) in Netcare. For providers with [panels](#), choose 'Encounters' as well as 'Panels and eNotifications'

For a provider who receives consultation requests and writes consult reports, choose 'Consult Reports' to be set-up to share consult reports to Netcare. Include the specialty skill code as it is in the EMR for each provider. See the tips on where to find the specialty skills code in your EMR in the Appendix of this form.

PART C – PARTICIPATING PROVIDER(S)					
Provider Name and Email Address* (*required for access to CII/CPAR reports)	Provider PCN Membership None / not sure (drop down)	Participation Type			Specialty Skill Code ³ (if applicable)
		Encounters	Parents and eNotifications ²	Consult Reports	
7	Same as above.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Same as above.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Same as above.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Same as above.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ Primary provider choosing to submit panels and eNotifications, must submit encounters as well. Note: eNotifications are currently only available for MQ and Telus.
² Primary providers that also have a specialty may choose all participation types, provided they list their specialty in the specialty column.
³ Guidance on specialty may found in Part C of the instructions.

PART D – CLINIC GOVERNANCE STRUCTURE

Is there a custodian representative at the clinic? A custodian representative is a custodian that has been duly authorized to sign the CII PIA Endorsement Letter and any necessary updates on behalf of the other custodians at the facility/ organization. This authorization does not revoke the other custodians' duties and powers under the Health Information Act. YES NO

If you answered YES to the above question, please provide their name: _____

PART E - PROVIDER AWARENESS AND AGREEMENT

Site liaison or custodian representative, please confirm that all current and future participating providers:

- will be made aware and agree with the data that will be shared from their EMR and displayed in Alberta Netcare
- will be made aware and agree that the EMR data elements will be available in the Healthcare Data repository
- are familiar with the use of confidentiality functions within the EMR
- understand and agree that EMR Vendor may access their EMR instance to configure system for CII/CPAR
- Telus users only confirm EMR Mobile is turned on (http://help.telusemrmobile.com/en/70_Mobile/Mobile_managing_access.htm)*

Insert initials

PART F - TRAINING CONFIRMATION FOR ALL PROVIDERS

Site liaison or custodian representative, please confirm any current and future team members using CII/CPAR are trained with the following support material based on the data being submitted. Materials can be found at: <https://acct.albertadoctors.org/PMH/panel-continuity/CII-CPAR/Pages/Tools-and-Resources.aspx>

Privacy related training <input checked="" type="checkbox"/> Health Collection Poster <input checked="" type="checkbox"/> Patient Brochure <input checked="" type="checkbox"/> Custodian Script for Patients <input checked="" type="checkbox"/> EMR Confidentiality Flags	Roles & Responsibilities <input checked="" type="checkbox"/> CII/CPAR Roles and Responsibilities How EMR data appears in Alberta Netcare <input checked="" type="checkbox"/> EMR Encounter Data List <input checked="" type="checkbox"/> Sample mapped CED Report	Panels <input checked="" type="checkbox"/> Panel Readiness Checklist
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Insert initials

If assistance is required, please contact your PCN Facilitator or if you do not have a PCN Facilitator please contact the CII/CPAR Implementation team (ehealthciiimplementations@cgi.com).

Please email completed form to ehealthciiimplementations@cgi.com and copy your PCN Facilitator (if applicable), for awareness.

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Continue to add providers up to 10 [on this form](#) or 25 on the [other form](#).

Does the clinic have a Custodian Representative meaning one person will sign the PIA Endorsement Letter or is each physician or NP a custodian?

Providers must be aware of the EMR mapping to know which data is flowing to Netcare, they should be aware of how to use the confidentiality features of their EMR (see EMR help files). TELUS clinics will need to turn on EMR mobile feature for the CII connections to work during onboarding. The EMR vendors need to do some background configuration for the data to flow.

Adding initials indicates the providers and team are fully informed.

Ensure that participants have been directed to these resources for privacy, understand their role, are aware how the EMR information maps to the CED in Netcare and are panel ready during the confirmation of participation stage.

Adding initials indicates the providers and team are fully informed.

e-mail this completed form to eHealth Support Services at Alberta Health and if you have a PCN Practice Facilitator, copy the facilitator.

TIPS FOR COMPLETING THIS PDF FORM: The computer accessing the eForm must have current Adobe Reader installed. Need software? Download free using [this link](#).

1. Click on the form, right click, save as, choose folder on computer, name and save.
2. Navigate to folder on computer where saved and open from there.
3. Confirmation of Participation form will open for completion, type directly on the form and choose from the drop downs as appropriate.
4. You can save an eForm using Adobe Reader.

For Mac users:
To open the form right click file and select open with Adobe Reader.