

CDX Subscription Request \*

## **Electronic Distribution of Clinical Documents and Diagnostic Results Form**

In commitment to enabling effective clinical documents distribution, Northern Health (NH) will support all Medical Staff and Community Medical Practitioners in selecting the most appropriate distribution method for their workflows.

Besides Cerner, the internal Electronic Health Records system, Northern Health offers three methods of document distribution, Fax, CDX and Email. We recommend all Medical Staff members to sign up on CDX (Clinical Document Exchange) system, which not only supports Health Authority clinical documents sharing, but also EMR to EMR documents exchange.

However, not all EMRs are fully conformed with CDX. If your EMR is not fully conformed, a hybrid distribution can be setup. For example, diagnostic results on CDX, clinical documents on Fax.

EMRs that fully or partially conform with CDX are: MOIS, Accuro, Telus Med Access/CHR/Wolf, Plexia, Profile; Contact CDX team for a full list.

Complete the following sections and add signature to confirm your electronic distribution method for Northern Health Clinical Documents and Diagnostic Results.

<ul><li>New request</li><li>Modify subscription</li></ul>
o Deactivation request
Activation / De-Activation Date *
EMR Vendor Information *
EMR Vendor:
Contact Person:
Clinic Information *
Name:
City:
Address:
Postal Code:
Email:

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Phone:				
Fax:				
Health Authority:				
To ensure that we configure we have questions about th				
Contact at Clinic:				
Phone number, if different	than the clinic p	hone:		
This is the Primary Wor	k Location			
Provider Information *				
First Name:	Initial:	Last Name:		
MSP Billing Number:	ng Number: Specialties:			
Notification of Distribution N	Method (please c	heck the following two l	ooxes)	
☐ I understand that Northern I clinical documents to <b>one Io</b> Northern Health diagnostic res  the Primary Work Location I s	<b>cation</b> per North sults, and clinical	ern Health Medical Staff. documents for all my pa	As a result, all tients will go to	
☐ I accept that clinical inform delivered by fax.	nation electronica	lly delivered via CDX will	no longer be	
☐ I understand if my work situ Health to ensure that my report changes/additions, movement venues). To inform Northern He Interoperability Team at cdx(	t/result distribution from one role to a ealth of any chang	n method is updated (e.g. ) another, addition of roles in ges, I will contact the Nor	practice location n different care	

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## Northern Health Medical staff or Community Medical Practitioners who work at Multiple Locations:

- To send reports or results to your secondary work location, remember to "CC" the clinic name on your requisitions and referrals, as this is the only way to ensure that patient diagnostic results and clinical documents are received at a location other than the one you specified above as your Primary Work Location.
- Please inform all clinics where you work of your Primary Work Location so they can contact that location for missing results or reports.

**Note**: This form applies only to Northern Health reports and results. Click on the following link to set up your preferred delivery method to receive non-NH diagnostic results and clinical documents. Excelleris: Excelleris – Electronic health care information & lab results in British Columbia.

Signature:	Date:

Please email completed form(s) to cdx@northernhealth.ca

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