

## Excelleris Electronic Distribution Application Health Care Provider Acceptable Use Acknowledgement

Excelleris provides a communications infrastructure allowing authorized physicians and health care providers to access personal health information that is stored and exchanged through the Excelleris system.

By signing below, the physician and health care provider agrees to abide by the following standards of acceptable use:

1. I agree to take full responsibility for the actions of my staff that I authorize to be provided access to the Excelleris Launchpad application. Further, I will inform Excelleris of all staff changes that require adjustments to Excelleris Launchpad accounts.
2. I hereby agree that the personal health information I access, or that I authorize my staff to access, through the Excelleris Launchpad application will be held in the strictest of confidence and in accordance with applicable privacy legislation.
3. I hereby agree that all personal health information that is accessed through Excelleris Launchpad, whether by me or by my staff, will be used for the sole purpose of providing patient care.

HEALTH CARE PROVIDER INFORMATION		
_____	_____	_____
FIRST & LAST NAME	SIGNATURE	MSP# (if applicable)
_____		_____
CLINIC NAME AND ADDRESS OF PRACTICE		DATE (YYYY/MM/DD)
_____	_____	_____
TELEPHONE NUMBER	EMAIL ADDRESS	FAX NUMBER

### Please select the report delivery method (select one)

<input type="checkbox"/> LAUNCHPAD		
Authorized staff to be provisioned with Excelleris Launchpad account for the above location.		
_____		
FIRST & LAST NAME	FIRST & LAST NAME	FIRST & LAST NAME

<input type="checkbox"/> ELECTRONIC MEDICAL RECORDS (EMR)	
Indicate the EMR vendor name for our reference and contact your EMR support to initiate the set up. Please provide a fax number for delivery of report types not supported by your EMR.	
_____	
EMR NAME	FAX NUMBER

<input type="checkbox"/> FAX
Select this option if fax is your preferred primary method of delivery.
_____
FAX NUMBER

**NOTE:** For fax delivery, please return this form via fax to 604-291-6837 in order to validate the fax number for the delivery of reports.

**Once complete, please return via email to [clientservices@excelleris.com](mailto:clientservices@excelleris.com) or fax to 604-291-6837**