



Private Clinic Service Change

Site name:

Site address:

Site contact name:

Phone number:

Date form is sent to Shared Health:

Please check each Shared Health service you currently have

eChart Manitoba

eHealth_hub

Home Clinic Portal

Other, please specify:

Please select any changes that apply

Has the clinic physically moved?

Has the clinic changed legal name or ownership?

If yes, please specify:

Are you making any changes to your EMR vendor? If yes, please specify details below

Who is your current EMR vendor?

Which EMR vendor are you moving to?

When is your go-live date with the new vendor?

Are you moving to an ASP hosted vendor? If yes, please specify details below

Who is your current EMR vendor?

Which EMR vendor are you moving to?

Are you making changes to your local network? If yes, please specify below

Upgrade server?

Decommissioning Server?

Is your Internet service provider changing?

Comments

Save and email this form to:

or Fax: (204) 926-9148