



Quality Improvement Program

Accuro® Access Request Form

CPSM to fill out the following:

Date of Request:

Clinic Name:

Contact for Request:

Physician Name(s) Being Reviewed (First & Last):

Please check off one of the following:

- Add** new reviewer login:
Reviewer Name (First & Last):
Username Requested: CPSMAudit-reviewers last name
Permission level: **Read only with no access to billing**
EMR access start date:

- Remove** existing reviewer login:
Existing Username:
Reviewer Name (First & Last): CPSMAudit-reviewers last name
EMR access end date:

Quality Improvement authorization for this request on behalf of the College of Physicians and Surgeons of Manitoba

(Name – Please Print)

(Signature)



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Clinic to fill out the following:

Consent to remote access

Clinic manager or **authorized signatory** consenting to remote EMR access for Manitoba QIP reviewer for duration of review:

(Name – Please Print)

(Signature)

Consent to chart access

I am the authorized signatory representing the clinic including all current and past providers.

I am directing QHR to create a User Account in Accuro for the College of Physicians and Surgeons Reviewer(s) so they may have access to all data.

(Authorized Signatory)

(Clinic Name)

(Signatory's Printed Name and Title)

(Clinic Address)

(Date Signed)

Once form complete:

Fax or email completed form to the College of Physicians and Surgeons of Manitoba

(Fax) 204-774-0750

Email: Quality@cpsm.mb.ca