



## 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-iMIS ID #  
Permission level: **Read only with no access to billing**  
EMR access start date:
  
- Remove** existing reviewer login:  
Existing Username: CPSMAudit-iMIS ID #  
Reviewer Name (First & Last):  
EMR access end date:

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

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*(Name – Please Print)*

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*(Signature)*



## Quality Improvement Program

### Accuro® Access Request Form

*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](mailto:Quality@cpsm.mb.ca)