

SCHEDULE "D"

to the Information Management Agreement between Alberta Health Services (AHS) and the University of Calgary Medical Group (UCMG)

UCMG PHYSICIAN PARTICIPATION AGREEMENT

By executing and delivering this Physician Participation Agreement, I hereby acknowledge, agree as follows:

1. AHS and the University of Calgary are parties to an Information Management Agreement dated the 18 day of June, 2014 ("the IMA") which authorizes AHS to provide UCMG physicians with data transmission and storage services that enable UCMG physicians to share information with other authorized custodians through Alberta Netcare and the Shared Health Record Service.
2. The IMA contemplates that individual Physicians desiring to share information with other authorized custodians through Alberta Netcare will do so by signing this PPA, which thereby constitutes the individual Physician as a Participating Physician.
3. I am a medical doctor duly licensed by the College of Physicians & Surgeons of Alberta ("CPSA") to practice medicine in the Province of Alberta, and conduct a practice of medicine that involves using and disclosing patient information.
4. I am a Custodian as that term is defined in the *Health Information Act, R.S.A., 2000, H-5 (HIA)*.
5. I have read the IMA and I agree to abide by the terms and conditions of the IMA.
6. I will, where necessary, obtain the consent of my Patient regarding the use or disclosure of that Patient's information in Alberta Netcare in compliance with HIA.
7. I understand that terminating my membership with UCMG will automatically terminate my participation in the records transmission and storage services provided by AHS.
8. I may terminate my participation in the records transmission and storage services provided by AHS by delivering a written notice of termination to the Chair of UCMG.

SIGNED at the City/Town of _____ in the Province of Alberta
this _____ day of _____, 201____.

Dr. _____
Print Name Signature

Address City