## Changes to Medical Staff Contact Information—Effective December 29, 2022



Contracts and Compensa-

Cerner, CoPAth, Sessions Application, On Call Sched-

uling system, eContracts,

in this Field.

MediAr, PRAM, eScription.

We encourage Providers to

NOT use their Home Address

Update to the Preferred Contact Information Section

- Update the new section title to "Preferred Business Contact Information
- Add checkbox with label "Same as/Copy from BUSINESS CONTACT INFORMATION above
- Update red text content to "This information may be used in internal downstream systems and will be displayed in Health Authority / Organization internal directories."

Update to the Business Contact Information Section

Duplicate red text noted above between section header and fillable fields

						-	
BUSINESS CONTACT INFORMATION  This information may be used in internal downstream systems and will be displayed in Health Authority / Organization internal directories.  Hospital/Clinic Name:						Business Contact Information  We encourage Providers to use the Business Contact Information for their Preferred	
Address Line 1:				Phone:	Ext:	Business Contact Information.	
Address Line 2:				Fax:	Ext:	This information may also be used to flow to Health Authority	
City:				Pager:	Ext:	Systems if the Preferred Business Contact is incomplete.	
Province:	Postal Co			Private/Direct Office Lin	ne: Ext:	·	
Email Address:		'		Cell:			
HOME CONTACT INFORMATION						Home Contact Information	
Address Line 1: Address Line 2:						This information is private and	
Address Line 1:			Address Line 2	2:		·	
Address Line 1:	Province:	Postal Code:		Phone:	Fax:	This information is private and will not shared with any Health Authority systems".	
	Province:	Postal Code:			Fax:	will not shared with any Health	
City:				Phone: Cell:		will not shared with any Health	
City:	PREFERRED	BUSINESS ystems and w	CONTACT INF	Phone:  Cell:  FORMATION	Pager:	will not shared with any Health Authority systems".  Preferred Business Contact Information Correspondences from Medical and Academic Affairs,	
City:  Email Address:  This information may be used in interest	PREFERRED	BUSINESS ystems and w	CONTACT INF	Phone:  Cell:  FORMATION	Pager:	will not shared with any Health Authority systems".  Preferred Business Contact Information  Correspondences from	

Please ensure the email address field is completed in all fields.

Private/Direct Office Line:

Ext:

Ext:

Pager:

Postal Code:

Where possible we encourage Medical Staff to use their Island Health email.

Address Line 2:

City:

Province:

Email Address: