

# Provider Electronic Patient Care Report Agreement

Service Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

I understand that as part of being a licensed EMS service by the Alabama Department of Public Health's Office of EMS & Trauma (OEMS&T), I agree to the following:

- All Electronic Patient Care Reports (ePCRs) will be submitted to the OEMS&T within the timeframe allotted by the state EMS Director, with potential licensure action being the consequence of un-timely submission.
- Policies will be implemented within my service to ensure the highest accuracy of data possible.
- Upon receipt of my service license, OEMS&T approved software will be used to submit ePCRs. Every service's third-party software must go through a testing procedure to ensure compatibility, before approval will be granted.
- If approved third-party software is not available at my service, an individual will attend a class in the OEMS&T office and receive the software at no cost to the service or individual. This person(s) will be instructed in administration of this free software.
- I will ensure availability of computer(s) and internet to the necessary employees, for the completion and submission of ePCRs, even if computer(s) are at another location.

Owner/Chief Operating Officer Name Printed: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Owner/COO Signature: \_\_\_\_\_

EMS Chief/Officer Name Printed: \_\_\_\_\_

Today's Date: \_\_\_\_\_ EMS Chief/Officer Signature: \_\_\_\_\_

I plan to use the following software to submit ePCRs to the OEMS&T.

State Software: Long Term ☐ Until Third-Party Software Approval ☐

Other approved software that has been tested: \_\_\_\_\_

Testing requirements are available at <http://emsis.net/Alabama>

Below is only for agencies that have not received training and must use state software.

List people who will attend, state software training:

(Reservation and attendance of training must be made in advance of service license issuance)

Name: \_\_\_\_\_ Training Date: \_\_\_\_\_

Name: \_\_\_\_\_ Training Date: \_\_\_\_\_

Name: \_\_\_\_\_ Training Date: \_\_\_\_\_

**FAX this completed Document to (334)206-5260**