# INCIDENT REPORT

OntarioMD is engaged by physicians and its delivery partners as an advocate for the physicians’ community in the use of their EMRs. A collaborative understanding is key to resolving and/or mitigating incidents that occur in the operation of EMRs.

Vendor shall report to OntarioMD when critical incidents occur, as defined by Vendor’s SLA.

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| Name and role of the person completing this form: |
| Signature of person completing this form: | Date (YYYY/MM/DD): |

## Incident

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| Date and time of Critical Incident (YYYY/MM/DD) (HH:MM): |
| Description of Critical Incident: **Please check all that apply**[ ]  Privacy Breach [ ]  EMR Service outages or disruptions (e.g.: Unscheduled downtimes)[ ]  EHR Connectivity outages or disruptions [ ]  Patient safety concerns [ ]  Other |
| Briefly describe the Critical Incident: |
| Has the Critical Incident been resolved/mitigated? [ ] Yes [ ] No ***\* If No, please describe briefly the plan \**** |