



Welcome to the NYRC Team!
“Credentialing and On-Boarding”

NORTH YORK REHABILITATION CENTRE CORPORATION

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NYRC
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Telephone: 778-372-1410
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www.nyrc.ca

Assessor Credentialing

Purpose:

NYRC maintains and implements a formal process of credentialing and re-credentialing Independent Medical Examiners annually in compliance with nationally recognized credentialing standards.

Why is this important?

This package and process functions to ensure that all of your information related to the IME process is accurate and up to date. This will effectively prevent any potential qualification and liability issues that may arise in Canadian Courts based on medical legal reports rendered.

In addition, it is important for assessors to review and adhere to the duties of the court and clients of NYRC when providing IME services and to understand the duties that NYRC has toward its assessors.

Assessor Checklist

Please return the following items/documents to NYRC Corporation:

- ___ Signed Privacy Policy
- ___ Signed Letter of Understanding
- ___ CV Current as of _____
- ___ Proof of Professional College Registration (photocopy)
- ___ Proof of Liability Insurance (photocopy)
- ___ Completed Evaluator Information Form
- ___ Two Sample Redacted Medical Legal Reports



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EVALUATOR INFORMATION FORM

Evaluator Name:		
Discipline:		
Sub-Discipline:		BC License #:
		Other License(s) #:
Phone:		Fax:
Cell Phone:		Email:
Assistant Name:		
Assistant Phone:		Assistant Email:
Correspondence Address:		
City:		Province:
		Postal Code:
Please indicate approximately how many IMEs you have completed to date:		

AVAILABILITY AND PREFERENCES

Location Preference?	<input type="checkbox"/> Own Office	<input type="checkbox"/> NYRC BC Office
If address different from above, please provide in the space below:		

Telephone: _____	Office Hours: _____	
Is the clinic staffed at all times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is parking available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your office wheelchair assessable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a chaperone available if required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are infection control processes in place? Yes No
 Are there clearly marked emergency exits? Yes No
 Are there first aid kits available? Yes No
 Are there evacuation plans in place in case of emergency? Yes No

Can you provide available dates for scheduling in advance? Yes No

Examination Types: Medical Legal File Reviews Addendums Direct IMEs

For Medical Legal, do you prefer Plaintiff work Defence work Both

Estimated Duration of Examinations: _____

How many exams can you accommodate per day? _____

What is your preferred start time? _____

Please provide additional languages you speak: _____

Are you comfortable to conduct IMEs in the languages listed above? Yes No

Appointment Confirmation: Send confirmation for each booking
 Send a weekly schedule

Preferred Method of Correspondence? Telephone Fax Email

Best way to schedule exams? via Evaluator via Assistant Both

Other, please specify: _____

Do you require a chaperone for your examinations?
 All exams Female only Male only Upon request

Telephone Conferences with the client may be required after the examination. Please advise if you are willing to partake in these? Yes No

Have you ever gone to trial/mediation before? Yes No

If yes, please indicate how many you have attended and specific case names.

Have you been qualified as an expert in court? Yes No

MEDICAL RECORDS

Medical documents should be sent to: via Evaluator via Assistant Both

Other, please specify: _____

How do you prefer to receive medical records?

- | | |
|---|---|
| <input type="checkbox"/> via FTP | <input type="checkbox"/> via Fax |
| <input type="checkbox"/> via Secure Email | <input type="checkbox"/> via Mail/Courier |

How far in advance would you prefer to receive the medical records?

- Day of examination 1 week prior 2 weeks prior

Address for sending medical documents (Binders, CDs, x-rays etc) – if different from above:

INTAKE FORMS/QUESTIONNAIRES

Do you have an Intake Form/Questionnaire? Yes No If yes, how many pages? _____

Does it need to be completed by the examinee prior to the examination? Yes No

How long does it take to complete the form/questionnaire? _____

Are there other forms you would like us to keep on file? Yes No

If yes, please list: _____

(Please send a pdf or word copy of your form/questionnaire(s) for our records)

IME REPORTS

The Reports Process is as follows:

1. Evaluators will dictate their opinions
2. Dictations are submitted to **transcription**
3. Transcription draft is received by NYRC and forwarded to the Evaluator for **first review and edits**
4. Upon review, **edited drafts are sent to NYRC** via email to: reports.bc@nyrc.ca as a MS Word document
5. The draft report is then **templated**
6. Templated reports then go through NYRC’s **Quality Assurance (QA) process**. Suggested edits are highlighted in the Report
7. Final draft of report is then submitted to the Evaluator for **final approval or further edits**
8. NYRC receives Evaluator’s approved final report as MS Word document and **report is sent to client as PDF**
9. Final copy of report is forwarded to the Evaluator for their records

***** Note: All reports are to be sent to NYRC and we will be responsible for sending them to the client. Evaluators are not to send reports directly to the client. *****

Communications with NYRC

Report drafts should be sent to: [] via Evaluator [] via Assistant [] Both

Other, please specify: _____

Dictation and Transcription

NYRC uses Expedite Transcription as well as a private transcriptionist for transcription services. Dictations can be submitted directly by phone or through NYRC at no cost to the Evaluator

Transcription Preferences (Please check one of the below options)

- I have my own transcription company and will send the report in MS Word format to NYRC
- I would like NYRC to coordinate my transcription services

Dictation Preferences (Please check one of the below options)

- I will require the use of a dictation machine while I am at NYRC
- I will dictate by phone directly to transcription
- I will email my dictation file to NYRC for transcription

Quality Assurance Process

I consent to NYRC making the following changes during the QA review process that I will review before submission to the client (Please check all options that apply):

- Template and reformat the report.
- Make basic spelling and grammar corrections in the report.
- Make suggested corrections and clarifications in the report for my final review and approval.
- Do not make any changes to the report – send all requests for changes for my consideration.
- Other (please specify):

Report Turnaround Time

Please indicate your average report turnaround time (from request to first draft): _____

Are you open to doing rush reports? Yes No

Scanned Signature for Reports:

Please sign in the space provided below. Your signature will be applied to your reports with the paragraph below.

“The signature on this report is stamped/scanned in order to assist with the preparation of a timely report. The evaluator is in agreement with the content of this report. The evaluator has provided authorization to utilize the stamped/scanned signature. This will be confirmed by the assessor by secure e-mail or in person.”

If you would like further information about the reports process, please contact us at reports.bc@nyrc.ca or 778-372-1410 and we will be happy to address any of your questions or concerns.

BILLING INFORMATION

Please indicate fee expectations:	
Medical Legal IME:	Disability IME:
Complex IME:	Addendum/File Reviews:
IME Late Cancellation Period and Fee:	IME No Show Fee:
Trial Fees: <ul style="list-style-type: none"> • Half Day: • Full Day: 	Trial Late Cancellation Period and Fee:
Hourly Fee for additional Time:	
Additional Fees:	
GST Number:	

EVALUATOR INVOICE PAYMENTS

Send all invoices to: finance.bc@nyrc.ca or fax to 778-372-1411 for prompt payment

Payment Preference:

Cheque Payment
 Electronic Direct Deposit

1) Cheque Payment: *For cheque payments please complete below information if different from above*

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

2) Electronic Direct Deposit: For Electronic Direct Deposit please complete the Electronic

Direct Deposit Authorization Form located on Page 8 of this document and email it to NYRC at finance.bc@nyrc.ca or fax to 778-372-1411.

Any other additional information that we need be aware of:

If you have any questions or queries concerning this form, please feel free to contact Matt Lau or Grace Ma at inquiries.bc@nyrc.ca or 778-372-1410

Thank you and we look forward to working with you!

NYRC Internal Use Only

Date Received: _____

Date Inputted: _____

**ELECTRONIC DIRECT DEPOSIT
AUTHORIZATION FORM**

Vendor Contact Name: _____

Vendor Contact Address: _____

Vendor Email Address: _____

Please indicate if you are a:

Corporation

Individual

Proprietorship

For accuracy purposes please enclose with this form a VOID cheque. Remittance advice will be sent via email to the above email address unless indicated otherwise.

Any information collected here is confidential and is for the sole purpose of providing direct deposit services and will only be disclosed to regulatory bodies with appropriate lawful authority. Direct deposit service will remain in effect until written notice of cancellation is received by you via email to finance.bc@nyrc.ca or by letter to Suite 1385-1095 West Pender Street, Vancouver, BC, V6E 2M6

Signature

Date



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NYRC
PRIVACY POLICY
Updated: May 2018

INTRODUCTION

NYRC is an independent medical examination and case management service company that provides independent objective assessments and case management services (hereinafter “Services”) to the insurance, legal, medical and business communities. Assessments are conducted to determine the presence of impairments and/or disabilities and to provide recommendations to facilitate the person served’s re-integration into work, society and daily living. We are dedicated to providing high quality, unbiased and objective reports.

ACCOUNTABILITY

NYRC will be responsible for all personal information (including but not limited to personal health information) in its possession or custody. We have a Chief Privacy Officer to ensure our compliance with all Provincial Privacy Acts, the Federal Privacy Act, and NYRC’s own Privacy Policy.

Should we use third parties in the course of providing Services (such as, but not limited to, transportation, translation, or transcription companies), we will use contractual and any other reasonable means in the circumstances to ensure that transferring of personal information is afforded a comparable level of protection to that which we maintain or exceed industry standard.

IDENTIFY PURPOSES

NYRC will identify the purpose for which we collect personal information at or before the time of collection. All requests received for the provision of Services will be reviewed to ensure that their requests for information are compliant with PIPEDA and individual Provincial Privacy Acts, as applicable.

CONSENT

NYRC recognizes that the knowledge and consent of the individual are required for the collection, use, or disclosure of personal information and as such, except where inappropriate or where the law provides for an exception, will obtain the appropriate consent from individuals for the collection, use or disclosure of personal information.

While the specific personal information collected, used and disclosed will vary from circumstance to circumstance, it is common that highly confidential information such as clinical

notes and records from treating health practitioners will be collected in order to ensure that assessors contracted by NYRC in the course of providing Services have the necessary information to carry out their function, such as conducting independent medical examinations. As such, express consent – being a specific authorization given by the individual to NYRC – will be sought.

NYRC reserves the right to rely on any express consent contained in information provided by its referral sources which is used to seek consent, collect information, and inform the individual of the use that will be made of the information.

It is recognized that an individual may withdraw consent at any time, however the same is subject to legal or contractual restrictions and reasonable notice.

LIMITING COLLECTION

Any personal information collected will be limited to that which is necessary for the specific, legitimate purposes, as stated in “Identify Purposes” referred to above, except with the consent of the individual or as permitted by law.

We will only collect information by fair and lawful means and not by misleading or deceiving individuals about the purpose for which the information is being collected.

Our policies and procedures relating to the limitations on collection of personal information will be regularly communicated to our staff who deals with collection, use and disclosure of personal information.

LIMITING USE, DISCLOSURE, & RETENTION

Personal information will only be used and/or disclosed for the specific, legitimate purposes for which it is collected, as stated in “Identify Purposes” referred to above, except with the consent of the individual or as permitted by law.

We will only retain personal information as long as necessary for the fulfillment of those purposes or as required by law, including but not limited to a regulatory College for regulated health practitioners. Personal information that is no longer required to fulfill identified purposes will be destroyed, erased, or made anonymous in accordance with our policies on the same.

Please note that there may be situations where we use, disclose or retain personal information for legitimate purposes not identified to the individual to which the information pertains including those situations referred to in “Consent”.

ACCURACY

Any personal information we collect will be as accurate, complete and up-to-date as necessary for its intended purposes. We will further attempt to ensure that any personal information is only in relation to the purpose for which it was collected.

If a significant error or omission is identified, we will correct or amend the information as necessary. Where possible, we will send such corrected or amended information to third parties who have had access to the information in question.

SAFEGUARDS

NYRC will safeguard all personal information under our control in a manner that is appropriate to the sensitivity of the information. We will take all the physical security measures necessary including properly locking our facilities and/or locking all personal information in secure filing areas, and securing all electronic storage devices.

All NYRC personnel are properly trained in the policies that pertain to these safeguards. No unauthorized access to our offices, including secure areas within our offices, is permitted.

No personal information, will be electronically transferred to our stakeholders unless the electronic files have been protected before being transferred. NYRC does not utilize non-registered mail options.

We will take the necessary precautions in the disposal or destruction of personal information, both hard copy and electronic, to prevent unauthorized parties from gaining access to such information.

Our policy and procedure on data confidentiality and security specifically details NYRC/KRA's security and administrative management of information with the aim of maintaining confidentiality and consistent information flow.

OPENNESS

We will make available to all individual requests, specific information about our procedures relating to the management and access of the personal information that is under our control.

In addition, we will make available to the public easily understandable information about our company's privacy policy and any other policy regarding the management of personal information.

INDIVIDUAL ACCESS

An individual upon request, except where provided by law, will be informed of the existence, use and disclosure of their personal information in our possession, and may be given access to their information. The individual may be permitted to challenge the accuracy and the completeness of

that information and correct or amend information found to be deficient. Where appropriate, amended information will be sent to any third parties having access to the information.

NYRC shall respond to a request with due diligence and in any case not later than thirty days after receipt of the request, unless impractical to do so.

There are lawful exceptions that will prevent the individual from gaining access, which include, but are not limited to the following:

- The information was collected without consent for the purposes related to an investigation of a breach or an agreement or contravention of a law or other lawful exemption.
- The information is protected by solicitor-client privilege or, in civil law, by the professional secrecy of lawyers and notaries.
- Someone’s life or security might be compromised.
- It was collected without the knowledge or consent of the individual as it was reasonable to believe that said knowledge or consent would compromise the availability or the accuracy of the information and the collection is reasonable for purposes related to investigating a breach of an agreement or a contravention of the laws of Canada or a province.
- The information was generated during the course of a formal dispute resolution process.

CHALLENGING COMPLIANCE

It is recognized by NYRC that an individual should be able to address a challenge concerning compliance with the principles to the designated individual or individuals accountable for the NYRC's compliance.

As such, should any individual wish to challenge our compliance of PIPEDA or any of the Provincial Privacy Acts, as applicable, they may contact the Chief Privacy Officer identified below.

We will investigate all requests and complaints and take appropriate measures to correct information handling processes and provide a response within a reasonable time period.

<p>Grace Ma Chief Privacy Officer NYRC 1095 West Pender Street, Suite 1385 Vancouver, BC V6E 2M6</p> <p>Telephone: 778-372-1410 Fax: 778-372-1411 E-mail: grace@nyrc.ca</p>	<p>Office of the Privacy Commissioner of Canada 30, Victoria Street Gatineau, Quebec K1A 1H3</p> <p>Telephone: 819-994-5444 Toll-free: 800-282-1376 Fax: 819-994-5424 Website: www.priv.com.gc.ca E-mail: info@privcom.gc.ca</p>
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<p>Office of the Information and Privacy Commissioner for British Columbia PO Box 9038, Station Prov. Govt. Victoria, BC V8W 9A4</p> <p>Telephone: 604-660-2421 Toll Free: 800-663-7867 Fax: 250-387-1696 E-mail: info@oipc.bc.ca</p>	<p>Information and Privacy Commissioner of Ontario 2 Bloor Street East, Suite 1400 Toronto, ON M2W 1A8</p> <p>Telephone: 416-326-3333 Toll Free: 800-387-0073 Fax: 416-325-9195 E-mail: info@ipc.on.ca</p>
<p>Office of the Information and Privacy Commissioners for Nova Scotia 1660 Hollis Street, Suite 1002 Halifax, NS B3J 1V7</p> <p>Telephone: 902-424-4684 Toll Free: 866-243-1564 Fax: 902-424-8303 E-mail: oipcns@novascotia.ca</p>	<p>Office of the Information and Privacy Commissioner for Newfoundland PO Box 13004, Station "A" St. John's, NL A1B 3V8</p> <p>Telephone: 709-729-6309 Toll Free: 877-729-6309 Fax: 709-729-6500 E-mail: commissioner@oipc.nl.ca</p>
<p>Office of the Information and Privacy Commissioners for New Brunswick 68 Regent Street, Suite 230 Fredericton, NB E3B 7H8</p> <p>Telephone: 506-453-5965 Toll Free: 877-755-2811 Fax: 506-453-5963 E-mail: access.info.privacy@gnb.ca</p>	<p>Office of the Information and Privacy Commissioners for Prince Edward Island 180 Richmond Street P.O. Box 2000, Charlottetown, PE C1A 7N8</p> <p>Telephone: 902-368-4099 Fax: 902-368-5947 E-mail: karose@gov.pe.ca</p>
<p>Office of the Information and Privacy Commissioners for Saskatchewan 1801 Hamilton Street, Suite 503 Regina, SK S4P 4B4</p> <p>Telephone: 306-787-8350 Toll Free: 877-748-2298 Fax: 306-798-1603 E-mail: webmaster@oipc.sk.ca</p>	<p>Office of the Information and Privacy Commissioners for Manitoba 500 Portage Avenue, Suite 750 Winnipeg, MB R3C 3X1</p> <p>Telephone: 204-982-9130 Toll Free: 800-665-0531 Fax: 204-942-7803 E-mail: ombudsman@ombudsman.mb.ca</p>

This is to certify that I, _____ have read and agree to abide by the policy as set forth.

Signature

Date



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LETTER OF UNDERSTANDING

This Letter of Understanding is between NYRC and Health Professional:

Name: _____

Speciality: _____

PRINCIPLES:

1. This document sets out the mutual responsibilities of the two parties, NYRC and the Health Professional.
2. The terms of this document will remain in effect, unless either party terminates the said agreement in writing.
3. No employment contract exists between NYRC and the Health Professional
4. Client volumes are not guaranteed.
5. NYRC has Quality Assurance processes that ensure standardization and quality in report writing.
6. You are being asked to conduct assessments on behalf of NYRC and reports must be submitted to the referring source on NYRC letterhead.

THE HEALTH PROFESSIONAL AGREES:

1. That he/she will carry out their duties in a responsible, timely, professional and cost-effective manner.
2. That he/she is a member in good standing of the College of Physicians and Surgeons of British Columbia or other governing bodies and provide proof of same.
3. That he/she has appropriate malpractice insurance coverage.
4. That he/she will notify NYRC of any complaints, disciplinary and/or malpractice actions against him/her.
5. That he/she will immediately notify NYRC of any change in their licensure or certification status.
6. That he/she will participate in Quality Improvement initiatives including attendance at roster meetings
7. That he/she will provide abide by all the Policies and Procedures of NYRC as they currently exist, are modified and/or developed (to be provided to evaluator).
8. That he/she will provide at least 30 days notice of any absence during the period of this understanding.
9. That he/she will review ICBC, WorksafeBC and other relevant websites to remain informed of current issues and continuing educational opportunities.
10. That he/she will provide a final report in accordance with our market driven timeline expectations. These are typically 10 business days for disability or employer cases and 15-20 business days for medical/legal files.
11. That he/she will notify NYRC immediately should a conflict of interest be identified.
12. That he/she will submit an invoice for services rendered within 10 business days upon completion of the report
13. That he/she agrees to his/her stamped/scanned signature to be affixed on the final report.

14. That he/she agrees to the following being inserted in the report:

“The signature on this report is stamped/scanned in order to assist with the preparation of a timely report. The evaluator is in agreement with the content of this report. The evaluator has provided authorization to utilize the stamped/scanned signature. This will be confirmed by the assessor by secure e-mail or in person.”

15. That he/she will provide a copy of their updated Curriculum Vitae on a yearly basis.

16. That he/she shall keep NYRC informed of preferred and current method of communication, i.e., telephone, fax or e-mail, and shall respond to any and all communication from NYRC, and its employees in a timely manner within one business day of the communication.

17. That he/she shall respond to addendum requests on an as-needed basis within 3 business days.

18. That he/she has read the NYRC Privacy Policy and agrees to abide by it.

19. That he/she agrees to comply with all privacy regulations in performing the services including FIPPA and PIPA.

NYRC AGREES:

1. To provide assessment scheduling services, customer service support, file preparation and coordination, space for the conducting of assessments if required, mailing/courier services, photocopying, faxing, telephone long-distance, dictating/transcription/editing services associated with the provision of services to clients of NYRC.
2. To perform marketing, as well as to coordinate and organize regular meetings and professional development opportunities.
3. To provide invoicing and accounts receivable collection associated with the provision of services to clients of NYRC.
4. To pay the agreed upon fees within 30-45 days of receipt of report completion, the great majority of the time
5. To give more notice of cancellations when notified by the referral source.
6. To respond to all communications within 1-2 business days of receipt of that communication.

Health Professional

VP, Operations and Business Development

Signature: _____

Signature: _____

Name (Printed) _____

Name (Printed) _____ Grace Ma _____

Witness: _____

Date: _____