

Electronic Data Transfer (EDT) Undertaking and Acknowledgement

Instructions:

1. Solo/Group providers and billing agents must complete this form and attach it to the Application for GONet Electronic Data Transfer (EDT) Service.
2. Solo/Group providers must provide their Ministry Assigned Billing Number on this form.
3. Each applicant, whether provider or billing agent, must sign this form.
4. When the applicant is a group, each provider affiliated with the group must sign this form.
5. For information contact: MOH Help Desk 1 800 262-6524 or (613) 548-7981.

Ministry assigned Billing Number _____ Name _____

I undertake and acknowledge the following:

1. Access through the Government of Ontario Network (GONet) Electronic Data Transfer (EDT) service user ID and password is limited to sending files to and receiving files from the Crown in Right of Ontario (Crown), users authorized by the Crown to use the service, agents of the Crown or agents of such users.
2. Data files submitted to the Crown via the GONet EDT service must conform to the technical specification criteria and conditions governing the acceptance of submissions as outlined in the "Technical Specifications Interface to Health Systems" manual distributed by the Crown and amended from time to time. The Crown may reject data files that do not conform to these specifications and conditions.
3. Files are to be submitted/uploaded to the EDT service as often as possible (daily or weekly is recommended) and files delivered by the Crown via the EDT service should be downloaded at least once per week. Files not downloaded within (6) six months from the date of delivery or within any shorter period that may be set out in the "Technical Specifications Interface to Health Systems" will be deleted from the EDT service.
4. I will not hold the Crown and the Crown's officers, employees, independent contractors, subcontractors, agents, and assigns liable to me or to my personnel for any losses, expenses, costs, claims, damages and liabilities arising out of or by reason of or attributable to my use of this service.
5. I will indemnify and save harmless the Crown and the Crown's officers, employees, independent contractors, subcontractors, agents, and assigns from all costs, losses, damages, judgements, claims, demands, suits, actions, causes of action, contracts or other proceedings of any kind or nature based on, occasioned by or attributable to anything done or omitted to be done by me or my personnel in connection with my use of this service.
6. I will not hold the Crown liable for any failure of the EDT service.
7. Access to the service will remain in effect from the EDT effective date until cancelled under this section.
 - a. When the Crown proposes to terminate my right to use the service, termination will be effective (5) five days after the date of the letter mailed to my address as recorded on the EDT service.
 - b. Despite section 7a, the Crown may terminate my GONet EDT User ID immediately, with written notification, when it becomes aware of any attempt to use that ID to obtain information other than the information that the Crown has assigned to that ID.
 - c. When I propose to cease submitting files via the GONet EDT service, I will notify the Crown in writing to that effect at least (30) thirty days in advance. The Crown will send a letter confirming the termination date to my address as recorded on the EDT service.
8. I will maintain security of my GONet EDT user ID and password. I may authorize an agent to use it in the performance of their duties on my behalf. If I have reason to believe that a person other than such an agent has used my user ID, and I have asked the Crown in writing to change my security code word, the Crown will change my security code word.
9. I take absolute responsibility for any use of my GONet EDT User ID by any person that I have authorized to use this service.
10. *Applies to billing agents only.*
I am contractually entitled to act as agent for one or more providers for the purposes of billing for insured services under the *Health Insurance Act*.

Name (please print) Signature Date_____
Name (please print) Signature Date_____
Name (please print) Signature Date_____
Name (please print) Signature Date

