California Department of Justice

CURES Information Exchange Web Service

Onboarding Questionnaire

November 2020

California Department of Justice
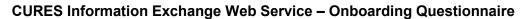# CURES Information Exchange Web Service
Onboarding Questionnaire

This document must be included in the application package. Please see the application package checklist for details.

ENTITY INFORMATION

Entity Name: _____

Entity Address: _____

_____

Entity Type (select one):

☐ HIPAA Covered Entity

☐ HIPAA Business Associate

If you checked 'HIPAA Business Associate,' please identify the covered entities with whom you have a business associate agreement or contract, as generally required by the HIPAA Rules, that you will be delivering CURES data. List the covered entities in the box below.

Health Information Technology System(s) operated by the Entity:

ENTITY POINTS OF CONTACT
BUSINESS POINTS OF CONTACT

Primary Business Contact Person

Contact Name: _____

Contact Title: _____

Contact Address: _____

_____

Contact Email: _____   Phone Number: _____

Secondary Business Contact Person

Contact Name: _____

Contact Title: _____

Contact Address: _____

_____

Contact Email: _____   Phone Number: _____

TECHNICAL POINTS OF CONTACT

Primary Technical Contact Person

Contact Name: _____

Contact Title: _____

Contact Address: _____

_____

Contact Email: _____ Phone Number: _____

Secondary Technical Contact Person

Contact Name: _____

Contact Title: _____

Contact Address: _____

_____

Contact Email: _____ Phone Number: _____

Technical Contact Person for Outage Notifications

Contact Name: _____

Contact Title: _____

Contact Address: _____

_____

Contact Email: _____ Phone Number: _____

ADDITIONAL INFORMATION

We recommend that you have your Health Information Technology System/EMR/EHR Technical Contacts review the information you provide.

1. Can your organization consume a picklist?

   ☐ Yes

   ☐ No

2. Which searches can your organization perform?

   ☐ Partial   ☐ Both

   ☐ Exact

3. Which optional fields will your organization use to search?

   ☐ Gender

   ☐ Address

   ☐ City

   ☐ State

   ☐ Zip Code

   ☐ None

4. Will your organization's health information technology system pre-fetch PARs?:

   ☐ Yes

   ☐ No

   If yes,

   a) What is the estimated number of PARs that will be pre-fetched daily?:

   _____

b) What is the preferred submission time?:

5.

a. Anticipated number of unique users at implementation of first year (*This information will be used to calculate the first year annual maintenance fee through the end of the current fiscal year, i.e., June 30, if applicable. Please refer to Exhibit D of the Memorandum of Understanding.*)

b. Anticipated yearly growth of users:

6. Anticipated average daily number of Patient Activity Report (PAR) searches:

7. IP Address or range of IP Addresses or Network for Test Environment whitelisting:

8. IP Address or range of IP Addresses or Network for Production Environment whitelisting: