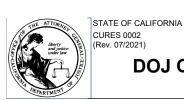


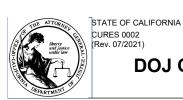
Department of Justice (DOJ)
Controlled Substance Utilization Review
and Evaluation System (CURES)
Information Exchange Web Service
Onboarding Questionnaire





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

This document must be included in the application package.
ENTITY INFORMATION
Entity Name:
Entity Address:
Entity Type (select one):  Health Insurance Portability and Accountability Act of 1996 (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 CON	TACT				
	BUSINESS POINTS OF CONTACT				
Primary Business Contact Person					
Contact Name:					
Contact Title:		_			
Contact Address:		_			
		_			
Contact Email:	Phone Number:	_			
	I Holle Nullibel.	_			
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:



STATE OF CALIFORNIA CURES 0002 (Rev. 07/2021)

## DOJ CURES INFORMATION EXCHANGE WEB SERVICE ONBOARDING QUESTIONAIRE

### **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 Patient Activity Reports (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?		
<ul><li>5. Does your organization intend to perform interstate searches?</li><li>Yes</li><li>No</li></ul>		
6. Anticipated number of users:		
a) Anticipated number of unique users at implementation of first year:		
b) Anticipated yearly growth of users:		
7. Anticipated average daily number of Patient Activity Report (PAR) searches:		