California Department of Justice

CURES Information Exchange Web Service

Onboarding Questionnaire

~~September~~December 2019

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 which this Entity has a business associate agreement or contract, as generally required by the HIPAA Rules, and to which it will be delivering CURES data. List the covered entities in the box below.

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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

1. ~~At commencement of the term of the Memorandum of Understanding (MOU), will this Entity's health information technology system submit to CURES a view notification, in accordance with the requirements of the MOU executed and in effect between this Entity and the California Department of Justice?~~

   ~~☐ Yes~~

   ~~☐ No~~

~~If no,~~

~~a) What is your organization's target date for compliance with this requirement?~~

   _____

2.1. Will this Entity's health information technology system consume a picklist?

   ☐ Yes

   ☐ No

3.2. Which searches will this Entity's health information technology system perform?

   ☐ Partial   ☐ Both

   ☐ Exact

4.3. Which optional fields will this Entity's health information technology system use to search?

   ☐ Gender

   ☐ Address

   ☐ City

   ☐ State

   ☐ Zip Code

   ☐ None

5.4. Will this Entity'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?

6.5. What is the anticipated number of unique users during the 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 the MOU for details.*)

7.6. What is the anticipated average daily number of PAR searches?

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

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