CALIFORNIA

DEPARTMENT OF JUSTICE

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

July 2023

DOJ CURES INFORMATION EXCHANGE WEB SERVICE
ONBOARDING QUESTIONNAIRE

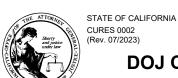This document must be included in the application package.

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:

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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: _____

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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: _____

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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?

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5. Does your organization intend to perform interstate searches?

☐ Yes

☐ No

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: