

California Department of Justice CURES Information Exchange Web Service Onboarding Questionnaire

September 2019

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. 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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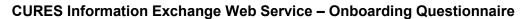
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CURES Information Exchange Web Service – Onboarding Questionnaire



Health Information Technology System(s) operated by the Entity:					
ENTITY POINTS OF CO	ONTACT				
BUSINESS POINTS OF CO	NTACT				
Primary Business Contact Person	n				
Contact Name:					
Contact Address:					
Contact Email:	Phone Number:				
Secondary Business Contact Per	son				
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 Pers	on				
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

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.	Will this Entity's health information technology system consume a picklist? ☐ Yes			
	□ No			
3.	Which searches will this Entity's health information technology system perform?			
	☐ Partial ☐ Both			
	☐ Exact			
4.	Which optional fields will this Entity's health information technology system use to search? Gender			
	Address			
	☐ City			
	☐ State			
	☐ Zip Code			
	None			
5.	Will this Entity's health information technology system pre-fetch Patient Activity Reports (PARs)? — Yes			
	□ No			

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	If yes,	
	a)	What is the estimated number of PARs that will be pre-fetched daily?
	b)	What is the preferred submission time?
6.	to calc	s the anticipated number of unique users during the first year? (<i>This information will be used</i> ulate the first year annual maintenance fee through the end of the current fiscal year, i.e., 0, if applicable. Please refer to the MOU for details.)
7.	What is	s the anticipated average daily number of PAR searches?
8.	IP Add	ress or range of IP Addresses or Network for Test Environment whitelisting:
9.	IP Add	ress or range of IP Addresses or Network for Production Environment whitelisting:

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