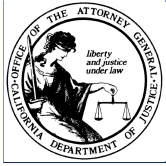


California Department of Justice (DOJ)
Controlled Substance Utilization Review
and Evaluation System (CURES)
Information Exchange Web Service
Onboarding Questionnaire

December 2019
July 2021



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

DOJ 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):

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



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

DEPARTMENT OF JUSTICE
PAGE 3 of 6

DOJ CURES INFORMATION EXCHANGE WEB SERVICE ONBOARDING QUESTIONNAIRE

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: _____



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

DEPARTMENT OF JUSTICE
PAGE 4 of 6

DOJ CURES INFORMATION EXCHANGE WEB SERVICE ONBOARDING QUESTIONNAIRE

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: _____

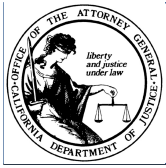
Technical Contact Person for Outage Notifications

Contact Name: _____

Contact Title: _____

Contact Address: _____

Contact Email: _____ Phone Number: _____



DOJ CURES INFORMATION EXCHANGE WEB SERVICE ONBOARDING QUESTIONNAIRE

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? ~~Will this Entity's health information technology system consume a picklist?~~
 Yes
 No
2. Which searches can your organization perform? ~~Which searches will this Entity's health information technology system perform?~~
 Partial Both
 Exact
3. Which optional fields will ~~this Entity's health information technology system~~ your organization use to search?
 Gender
 Address
 City
 State
 Zip Code
 None
4. Will ~~this Entity's~~ 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?



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

DOJ CURES INFORMATION EXCHANGE WEB SERVICE ONBOARDING QUESTIONNAIRE

b) What is the preferred submission time?

5. Does your organization intend to perform interstate searches?

Yes

No

6. What is the ~~A~~anticipated number of ~~unique~~ users ~~during the first year?~~:

a) Anticipated number of unique users at implementation of first year:

b) Anticipated yearly growth of users:

67. What is the ~~A~~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:~~