



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

July 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.

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.



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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: _____



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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?



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b) What is the preferred submission time?

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: