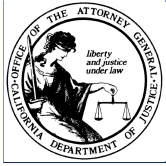


California Department of Justice (DOJ)
Controlled Substance Utilization Review
and Evaluation System (CURES)
Information Exchange Web Service
Onboarding Questionnaire

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.



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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: _____

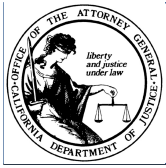
Technical Contact Person for Outage Notifications

Contact Name: _____

Contact Title: _____

Contact Address: _____

Contact Email: _____ Phone Number: _____



DOJ CURES INFORMATION EXCHANGE WEB SERVICE ONBOARDING QUESTIONNAIRE

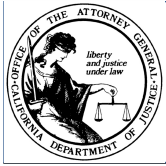
ADDITIONAL INFORMATION

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?



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b) What is the preferred submission time?

5. Does your organization intend to perform interstate searches?

Yes

No

56. 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:~~