California Department of Justice
CURES Information Exchange Web Service
Onboarding Questionnaire

December 2019
This document must be included in the application package.

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.

________________________________________________________________________

________________________________________________________________________
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: ____________________
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: ____________
ADDITIONAL INFORMATION

1. Will this Entity’s health information technology system consume a picklist?
   ■ Yes
   ■ No

2. Which searches will this Entity’s health information technology system perform?
   ■ Partial
   ■ Exact
   ■ Both

3. Which optional fields will this Entity’s health information technology system use to search?
   ■ Gender
   ■ Address
   ■ City
   ■ State
   ■ Zip Code
   ■ None

4. Will this Entity’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?

   


5. What is the anticipated number of unique users during the first year?

6. What is the anticipated average daily number of 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: