Pennsylvania eHealth Partnership Program

Inpatient Hospital/Facility and Outpatient Practice or Other Outpatient Provider Organization Onboarding Grant

Technical Implementation Attestation and Survey

HIOs may use this form to document completion of technical onboarding activities, or the HIO may provide its own testing and user acceptance documentation.

To be completed by the Health Information Organization (HIO):

Health Information Organization Name: _____

Onboarded Organization Name: _____

Date of Technical Onboarding Completion: _____

Onboarded Provider's Electronic Health Record System Vendor/Product:
_____

To be completed by the Onboarded Organization or in cooperation with HIO:

1. During this onboarding process, our HIO worked with (check all that apply):

   # Our EHR Vendor   # Our In-House IT Staff   # Our Clinical Staff

   # Other (please describe): _____

2. I would rate this technical onboarding as:

   # Very Easy   # Somewhat Easy   # Somewhat Difficult   # Very Difficult

3. Please describe any lessons learned from this process that you feel may be valuable to others (you may use the back of this form or attach additional pages if desired):

   _____

   _____

Name of Individual Completing This Form: _____

Title of Individual Completing This Form: _____

Phone Number: _____ email Address: _____

By my signature below, I attest to the following:

A. I certify that the information on the enclosed attestation is accurate and complete as submitted.

B. I understand that the payment for these services will be from federal and state funds and that I may be prosecuted for false claims, statements or documents, or concealment of material facts.

Signature: _____ Date: _____

Please note that the Authority may contact you to validate that you completed this form.