

Pennsylvania eHealth Partnership Program

Portal User Onboarding Grant

Onboarding Completion Attestation and Survey

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

Health Information Organization Name: _____

Onboarded Organization Name: _____

Date of Onboarding Completion: _____

To be completed by the Onboarded Organization:

1. Please identify which of the following functions your HIO has enabled for your organization (check all that apply):

Query for Patient Records

Send Patient Records

Other (please describe):

2. Approximate number of individuals within your organization who have access to the functions described above: _____

3. Please rate the quality of user documentation provided by your HIO:

Excellent # Good # Fair # Poor # Not Provided

4. Please rate the quality of formal training provided by your HIO:

Excellent # Good # Fair # Poor # Not Provided

5. Please rate the quality of in-person go-live support provided by your HIO:

Excellent # Good # Fair # Poor # Not Provided

6. How confident or uncertain are you that your organization is prepared to make use of the functions enabled by your HIO?

Very Confident # Somewhat Confident # Somewhat Uncertain # Very Uncertain

Continued on Reverse

7. I am willing to participate in future eHealth surveys to follow-up in six months and/or one year (check all that apply):

Yes, by phone # Yes, by email # No

8. Please use the space below to tell eHealth anything else you would like to communicate regarding your HIO Onboarding experience. You may attach additional pages if desired.

Name of Individual Completing This Form: _____

Title of Individual Completing This Form: _____

Phone Number: _____ Email Address: _____

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

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 Department of Human Services may contact you to validate that you completed this form.