

**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.