



Post Go Live Interoperability Responsibilities and Contact Information

			Organizat	ion Information			
Organization	n:						
Electronic H (EHR) Vend	ealth Record or						
			Primary Inter	operability Contact	_	_	•
Contact Name:	First, Last Name			т.	itle		
Phone:	·						
I work for the			NO			NO	
		E	Back-up Inter	operability Contact			
Contact Name:							
	First, Last Name			Position			
Phone:				Email			
I work for the	e EHR Vendor	YES	NO	I work for the provider	YES	NO	
		Cont	act for HL7 N	lessaging Errors/Issues	S		
Contact Nan							
	First, Last Name			P	osition		
Phone:				Email			
I work for the	e EHR Vendor	YES	NO	I work for the provider	YES	NO	

	Cor	ntact for M	essage Tra	ansport and Connectivity	y Issues				
Contact Name:									
	First, Last Name			P	Position				
Phone:				Email					
I work for th	e EHR Vendor	YES	NO	I work for the provider	YES	NO			
Contact for Message Data Errors/Issues									
Contact Name:									
	First, Last Name			P	Position				
Phone:				Email					
I work for th	e EHR Vendor	YES	NO	I work for the provider	YES	NO			
	Co	ntact for I	Facility Ma	pping Errors/Updates/Cl	nanges	_			
Contact Name:									
	First, Last Name			P	Position				
Phone:				Email					
Lwork for th	o EUD Vandar	VEC	NO	Lwork for the provider	VEC	NO			