Post Go Live Interoperability Responsibilities and Contact Information

Organization Information

Organization: _____

Electronic Health Record
(EHR) Vendor _____

Primary Interoperability Contact

Contact
Name: _____
First, Last Name   _Title_

Phone: _____   Email _____

I work for the EHR Vendor   YES   NO   I work for the provider   YES   NO

Back-up Interoperability Contact

Contact
Name: _____
First, Last Name   _Position_

Phone: _____   Email _____

I work for the EHR Vendor   YES   NO   I work for the provider   YES   NO

Contact for HL7 Messaging Errors/Issues

Contact Name: _____
First, Last Name   _Position_

Phone: _____   Email _____

I work for the EHR Vendor   YES   NO   I work for the provider   YES   NO

Contact for Message Transport and Connectivity Issues

Contact
Name:
_____
First, Last Name   *Position*

Phone: _____ Email _____

I work for the EHR Vendor   YES   NO   I work for the provider   YES   NO

Contact for Message Data Errors/Issues

Contact
Name:
_____
First, Last Name   *Position*

Phone: _____ Email _____

I work for the EHR Vendor   YES   NO   I work for the provider   YES   NO

Contact for Facility Mapping Errors/Updates/Changes

Contact
Name:
_____
First, Last Name   *Position*

Phone: _____ Email _____

I work for the EHR Vendor   YES   NO   I work for the provider   YES   NO