**New ITSA HCO Pre-Qualifying Questions**

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New ITSA request information to be emailed or asked BEFORE ITSA is considered for approval.

1. Full Legal Name of entity requesting the access:
2. Do you have more than one location?

* If yes, please list locations with Clinic name and addresses

1. Clinic/Org. Phone Number:
2. Fax Number:
3. Clinic/Org. Address:
4. Contact name:
5. Contact email address:
6. Clinic website URL:
7. Are you HIPAA covered entity and required to comply with the HIPAA Privacy and Security Rules?
   1. If yes, please provide a copy of (or link to) your Notice of Privacy Practices.
8. Who is the Intermountain business sponsor for your access request?
9. List all your providers with title(s)
10. What type of care do you provide?
11. Please explain why the clinic/HCO would need access to Intermountain Healthcare information systems.

*What type of data are you looking for and why do you need it?*

*What is preventing you from accessing this data today?*

1. Do you intend to share access with any third parties (business associates) who are **not** employees of your clinic?
   1. If yes, please explain:
2. Do you currently have access to UHIN? (Utah Health Information Network)

* Does your EMR support UHIN?

1. What EMR does your clinic currently use?

* Does it support Direct Email Exchange?
* Does it support Electronic interfaces for results and/or orders?

1. Are any of your providers currently credentialed with an Intermountain Facility?

* If yes, which locations?

*(If an ITSA is approved and access is approved by intermountain Healthcare who would be the (DSA Data Security Administrator) that would request new access accounts/review access/request deactivation of accounts and complete the required annual access review of your clinic staff etc.)*

1. DSA Contact Information:

* Name:
* Phone:
* Email address:
* Current Residence City and zip code:

1. If the ITSA is approved who will be signing it? (Please provide name and title)