



St. Joseph Health

Information Sophistication

Our path to an integrated, coordinated and connected system of care

St. Joseph HIE: Assessment Questionnaire

Providers and Healthcare Participants:

Thank you for your interest in sharing and exchanging data with the St. Joseph Health HIE Program.

Purpose of this Document

The information requested in this document will enable the St. Joseph HIE team to evaluate the aptness of your practice to connect to the SJH HIE. Please fax or email the completed form to the contact information below. You may be required to reach out to your IT and/or EMR representative to complete the form.

Contact Info:

SJH Health Information Exchange (HIE)

1515 E. Orangewood Ave, Anaheim, CA 92805

Tel: (844) 256-4HIE or (714) 937-7000

Fax: (714) 935-1407

Email: HIE@stjoe.org

URL: <http://www.stjhs.org/SJH-Programs/HIE.aspx>

1. Practice Overview

Practice Overview	
Organization/ Practice Name:	
Primary Address:	Phone: Fax:
Specialty/Specialties:	

2. Contact Information

Practice Contact	
Name:	Email:
Title/Position:	Phone:

3. Operating Environment Overview

System Details	
Current EMR (Electronic Medical Record) System -	
Vendor Name:	
Application/System Name:	
Version:	
Current Patient Management System - (system where you register patients). <i>If the same as above, please enter "same as above"</i>	
Vendor Name:	
Application/System Name:	
Version:	

EMR/Vendor Contact	
Name:	
Phone:	Email:

4. St. Joseph Health System Hospital Results

Data Exchange	
Does your practice currently receive results and/or transcribed reports from our hospital(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, by what method:	<input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Direct into EMR
Type of results / reports received:	
General Lab Results	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pathology Results	<input type="checkbox"/> Yes <input type="checkbox"/> No
Microbiology Results	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bloodbank Results	<input type="checkbox"/> Yes <input type="checkbox"/> No
Radiology/Transcription Reports	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to any of the above, please indicate the St. Joseph Health System hospital(s) from which you receive these results and/or reports:	

Provider NPI

Please provide the NPI for each provider in your practice who place orders (Doctors, NP, PA, CNM, etc.)

****This is required in order to deliver results and transcribed reports from our hospital(s) directly into your EMR**

Provider Name	Credential	NPI #