



Post Go Live Interoperability Responsibilities and Contact Information

Organization Information

Organization: _____

Electronic Health Record (EHR) Vendor: _____

Primary Interoperability Contact

Contact Name: _____
First and Last Name *Title*

Phone: _____ Email: _____

Yes No Yes No

I work for the EHR Vendor I work for the provider

I should be contacted for transport and connectivity issues

I should be contacted for message data errors/issues

I should be contacted for facility mapping errors/issues

Back-up Interoperability Contact

Contact Name: _____
First and Last Name *Title*

Phone: _____ Email: _____

Yes No Yes No

I work for the EHR Vendor I work for the provider

I should be contacted for transport and connectivity issues

I should be contacted for message data errors/issues

I should be contacted for facility mapping errors/issues