



## DHIN Toolkit Intro

### Welcome to the Delaware Health Information Network

Since going live in May 2007, DHIN has been delivering laboratory and pathology results and radiology and transcribed reports in real time from participating data senders (hospitals, labs, and radiology facilities) to health care providers in a safe, secure, and standardized format. Since 2009, DHIN has also enabled authorized end users to query the system for patient information on a clinical need-to-know basis.

The purpose of this DHIN User Toolkit is to provide you with information and documentation to guarantee ease of use and maximize the benefit of DHIN in your practice. The documents in this Toolkit are listed below and can also be accessed online at [www.DHIN.org/resources](http://www.DHIN.org/resources). The website should be utilized to make sure you have the most recently updated version of these forms.

#### DHIN Practice Toolkit Documents

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| 1. Data Use Agreement   | 7. Patient Opt-In after Opting Out: Cancellation of Non-Participation Cover Letter and Form |
| 2. Policy: Access to Individually Identifiable Health Information                         | 8. User Quick Reference Guide   |
| 3. Auditing Information   | 9. Administrator Quick Reference Guide  |
| 4. Confidentiality and Non-Disclosure Agreement (keep signed copies by all staff on file) | 10. Technical Requirements to Use DHIN  |
| 5. Talking Points: What Patients Should Know about DHIN                                   | 11. Sign Off Form   |
| 6. Patient Opt-Out: Non-Participation Cover Letter and Form                               | 12. Provider Change Form  |
|   | 13. Media Consent Form  |

<b>DHIN Help Desk for Technical Assistance:</b> 302-480-1770 <a href="mailto:helpdesk@dhin.org">helpdesk@dhin.org</a>	<b>DHIN Administrative Office:</b> 107 Wolf Creek Boulevard Suite 2 Dover, DE 19901 302-678-0220
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By signing below you are attesting that a DHIN representative has gone through each item in the practice toolkit and trained staff at your site on how to access the DHIN Community Health Record.

Name: \_\_\_\_\_ Practice Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_