



Participating Practice Signoff Form

Practice Name: _____

Practice Address: _____

Please initial each box:

- Practice has received on-site DHIN training.
- Staff and providers have been provided the DHIN Policy: Access to Individually Identifiable Health Information and are fully aware of the legal ramifications of misuse of the DHIN system.
- Each practice site has integrated DHIN into its workflow for receipt of clinical reports/results.
- All DHIN-related technical assistance issues will be handled by the DHIN Help Desk between 8am-5pm by calling 302-480-1770 or by emailing helpdesk@dhin.org; and during nights, weekends, and holidays by calling 1-866-HEY-DHIN (1-866-439-3446) or by emailing Customer_Support@medicity.com.
- All other data delivery sources, which DHIN is replicating, may be discontinued within five (5) business days. Practice staff is responsible for obtaining results made available through the DHIN.
- Any new data sender added to DHIN after my certification will automatically turn off the old delivery source in 30 days unless I notify DHIN otherwise. Additionally, any new result type added to DHIN after this certification will also cease to be sent via the old delivery source in 30 days of go-live unless I inform DHIN otherwise.
- Upon my certification, I understand that DHIN will be the only source for receiving routine reports, results, and related documents from participating data senders as defined in the table below. Priority reports, results and related documents may additionally be delivered by participating data senders through other mechanisms.
- The receipt of health information, reports and results through DHIN has been validated against current delivery methods. In the boxes below, please confirm that results (laboratory, radiology, pathology and transcribed reports) are being delivered by DHIN from each of the appropriate data senders by initialing the appropriate boxes.

Practice Results Delivery Method*: **Inbox** **Auto Print** **EMR**

Data Provider	Yes	No	N/A	If 'No,' please indicate a specific reason below:
Christiana Care Health System				
Bayhealth Medical Center				
Beebe Healthcare				
Saint Francis Healthcare				
LabCorp				
Doctors Pathology Services				
Quest Diagnostics				
Papastavros' Associates Medical Imaging				
Nemours/Al DuPont			X	Currently unable to turn off traditional feeds
Mid-Delaware Imaging				
Ocean Medical Imaging				
Nanticoke Health Services				
Elite imaging/TriState Imaging Group				
Diagnostic Imaging Associates				
AccuReference Medical Lab				
Atlantic General Hospital				
Mercy Diagnostics				
MedLabs Diagnostics				
Delaware Diagnostic Imaging				
Union Hospital of Cecil County				
CNMRI				
PRMC				

X _____
 Practice Administrator Name (Please Print)

 Phone Number

X _____
 Practice Administrator Signature

 Date

Please print the provider name(s) and provider NPI number(s) at the practice below.

Provider Name	Provider NPI

Please print the Quest and LabCorp account number(s) below.

Quest	LabCorp

*If you do not receive data from one or more of the data senders listed below, enter "N/A" in the corresponding box. If you do not intend to discontinue a delivery source from one or more data senders, enter "No" and indicate the specific reason why in the space provided.

Please scan entire form and email to info@DHIN.org or fax to (302) 645-0398