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. The website should be utilized to make sure you have the most recently updated version of these forms.

**DHIN Practice Toolkit Documents**

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

**DHIN Help Desk for Technical Assistance:**
302-480-1770
helpdesk@dhin.org

**DHIN Administrative Office:**
107 Wolf Creek Boulevard Suite 2
Dover, DE 19901
302-678-0220

**DHIN Provider Relationship Managers**

<table>
<thead>
<tr>
<th>Jamie Rocke</th>
<th>Lakeisha Moore</th>
<th>Ed Seaton</th>
<th>Michael MacDonald</th>
<th>Garrett Murawski</th>
</tr>
</thead>
<tbody>
<tr>
<td>(302) 604-8525</td>
<td>(302) 538-0322</td>
<td>(302) 747-6250</td>
<td>(302) 604-8526</td>
<td>(302) 943-6392</td>
</tr>
<tr>
<td><a href="mailto:jamie.rocke@dhin.org">jamie.rocke@dhin.org</a></td>
<td><a href="mailto:lakeisha.moore@dhin.org">lakeisha.moore@dhin.org</a></td>
<td><a href="mailto:Ed.seaton@dhin.org">Ed.seaton@dhin.org</a></td>
<td><a href="mailto:michael.macdonald@dhin.org">michael.macdonald@dhin.org</a></td>
<td><a href="mailto:Garrett.murawski@dhin.org">Garrett.murawski@dhin.org</a></td>
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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: _____________________________________

107 Wolf Creek Blvd., Suite 2 Dover, DE 19901 • Telephone 302.678.0220 • www.dhin.org

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