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 Service Desk between 8:00 a.m. – 1:00 a.m. by calling 302-480-1770 or by emailing servicedesk@dhin.org.
- ☐ 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 Fax** ☐ **EMR**

Data Provider	Yes	No	N/A	If 'No,' please indicate a specific reason below:
Atlantic General Hospital				
Avero Diagnostics			X	
Bayhealth Medical Center				
Beebe Healthcare				
Christiana Care Health System/Union Hospital				
Delaware Diagnostic Labs			X	
Doctors Pathology Services				
LabCorp				
Nemours/AI DuPont			X	Currently unable to turn off traditional feeds
Poplar Healthcare			X	
Quest Diagnostics				
Saint Francis Healthcare				
TidalHealth (Nanticoke & PRMC)				

As the above is not an exhaustive list of all DHIN clinical results delivery sources, it is assumed unless indicated above that the Practice desires to be signed-off on all remaining DHIN data senders. A list of current DHIN data providers can be accessed at DHIN.org/data-senders. Please list above or with an attached list the DHIN data senders that you are not authorizing DHIN to serve as the sole provider of results delivery services, and direct feeds from those sources will continue.

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 SERVICEDESK@DHIN.org or fax to (302) 645-0398