

<b>1 Pre-Registration</b>		
Please provide the Public Health Promoting Interoperability Registration of Intent information below. All fields are required.		
Type of Provider	<input type="text"/>	
What is the Account Name for the provider or group of providers for whom you are registering?	<input type="text"/>	
Parent Organization Affiliation	<input type="text"/>	
<b>What Public Health Measures are you planning to implement for Promoting Interoperability? (select one or more)*</b>		
If you do not plan to implement any Public Health PI Measures with ADHS, you do not need to register with ADHS.		
<b>Immunization Registry</b>		
<b>Public Health Measure</b>	<input type="radio"/> Register Intent to submit data to ADHS for the Immunization Registry measure	<input type="radio"/> Does your facility administer adult or childhood vaccines? <input type="text"/>
		<input type="radio"/> Do you have software specifically certified for Immunization Registry Reporting? <input type="text"/>
		The Certified Health IT Product List can be found here: <a href="https://chpl.healthit.gov/">https://chpl.healthit.gov/</a>
	<input type="radio"/> Planning to claim an exclusion	<input type="radio"/> Reason for Exclusion <input type="text"/>
	<input type="radio"/> Active Engagement with ADHS (already registered, in testing or production with ADHS)	
	<input type="radio"/> Currently sending or planning to send to another organization	<input type="radio"/> Which Organization do you plan to send Immunization data to? <input type="text"/>
<input type="radio"/> None of the above		
<b>Reportable Lab Results</b>		
<b>Public Health Measure</b>	<input type="radio"/> Register Intent to submit data to ADHS for the Reportable Lab Results (ELR) measure	<input type="radio"/> Do you perform testing in-house for any reportable communicable disease, specified at this link: <a href="#">reportable conditions</a> <input type="text"/>
		<input type="radio"/> Do you have software specifically certified for Reportable Lab Reporting? <input type="text"/>
		The Certified Health IT Product List can be found here: <a href="https://chpl.healthit.gov/">https://chpl.healthit.gov/</a>
	<input type="radio"/> Planning to claim an exclusion	<input type="radio"/> Reason for Exclusion <input type="text"/>
	<input type="radio"/> Active Engagement with ADHS (already registered, in testing or production with ADHS)	
	<input type="radio"/> Currently sending or planning to send to another organization	<input type="radio"/> Which organization do you plan to send Reportable Lab data to? <input type="text"/>
<input type="radio"/> None of the above		
<b>Syndromic Surveillance</b>		
<b>Public Health Measure</b>	<input type="radio"/> Register Intent to submit data to ADHS for the Syndromic Surveillance measure	<input type="radio"/> Do you have software specifically certified for Syndromic Surveillance Reporting? <input type="text"/>
		The Certified Health IT Product List can be found here: <a href="https://chpl.healthit.gov/">https://chpl.healthit.gov/</a>
	<input type="radio"/> Planning to claim an exclusion	<input type="radio"/> Reason for Exclusion <input type="text"/>
	<input type="radio"/> Active Engagement with ADHS (already registered, in testing or production with ADHS)	
	<input type="radio"/> Currently sending or planning to send to another organization	<input type="radio"/> Which organization do you plan to send Immunization data to? <input type="text"/>
	<input type="radio"/> None of the above	

This worksheet can be used to gather the required information for Registration of Intent with Public Health. Please go to the AZ Public Health PI Portal using the link below to complete the Registration of Intent Process.

<https://azdhs.gov/promotinginteroperability>



# AZ Public Health Promoting Interoperability Registration of Intent

Eligible Hospitals and Critical Access Hospitals-EHs and CAHs  
Pre-Registration

What Public Health Measures are you planning to implement for Promoting Interoperability? (select one or more)\*

If you do not plan to implement any Public Health PI Measures with ADHS, you do not need to register with ADHS.

### Reportable Infectious Diseases Cases

Public Health Measure	Register Intent to submit data to ADHS for the Electronic Case Reporting (eCR) measure	<input type="radio"/>	Do you provide medical care for reportable infectious diseases in your facility, specified at this link: <a href="#">reportable conditions</a>	<input type="text"/>
			Do you have software specifically certified for Electronic Case Reporting (eCR) to public health ?	<input type="text"/>
			The Certified Health IT Product List can be found here: <a href="https://chpl.healthit.gov/">https://chpl.healthit.gov/</a>	
	Planning to claim an exclusion	<input type="radio"/>	Reason for Exclusion	<input type="text"/>
	Active Engagement with ADHS (already registered, in testing or production with ADHS)	<input type="radio"/>		
Currently sending or planning to send to another organization	<input type="radio"/>	Which organization do you plan to send Electronic Case Reporting (eCR) to?	<input type="text"/>	
None of the above	<input type="radio"/>			

This worksheet can be used to gather the required information for Registration of Intent with Public Health. Please go to the AZ Public Health PI Portal using the link below to complete the Registration of Intent Process.

<https://azdhs.gov/promotinginteroperability>



# AZ Public Health Promoting Interoperability Registration of Intent

Eligible Hospitals and Critical Access Hospitals-EHs and CAHs  
Profile

## 1 Profile

Please provide the Public Health Promoting Interoperability Registration of Intent information below. All fields are required.

What is the start date of the reporting period for this registration?	<input type="text"/>		
Which incentive program are you enrolled in?	<input type="radio"/> Medicaid	<input type="radio"/> Medicare	<input type="radio"/> Both
Please list any Health Information Exchanges (HIE) in which you participate:	<input type="text"/>		
Are there any specialized registries that you currently or plan to submit data to?	<input type="text"/>		
Comments	<input type="text"/>		



# AZ Public Health Promoting Interoperability Registration of Intent

Eligible Hospitals and Critical Access Hospitals-EHs and CAHs

Hospital Information

ARIZONA DEPARTMENT OF HEALTH SERVICES

## 1 Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs)

Please add all hospitals that will be implementing the Public Health measures with ADHS. Once a hospital is added, please select all PI measures the hospital plans to implement. \*To add more Hospitals, please reprint this page.\*

Electronic Case Reporting  
Reportable Lab Results  
Syndromic Surveillance  
Immunization Registry

### Hospital Information

Hospital Name	<input type="text"/>	Hospital Type	<input type="text"/>	Group NPI	<input type="text"/>	Emergency Department	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address 1	<input type="text"/>	Address 2	<input type="text"/>	City	<input type="text"/>	Zip	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone Number	<input type="text"/>										
Hospital Name	<input type="text"/>	Hospital Type	<input type="text"/>	Group NPI	<input type="text"/>	Emergency Department	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address 1	<input type="text"/>	Address 2	<input type="text"/>	City	<input type="text"/>	Zip	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone Number	<input type="text"/>										
Hospital Name	<input type="text"/>	Hospital Type	<input type="text"/>	Group NPI	<input type="text"/>	Emergency Department	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address 1	<input type="text"/>	Address 2	<input type="text"/>	City	<input type="text"/>	Zip	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone Number	<input type="text"/>										
Hospital Name	<input type="text"/>	Hospital Type	<input type="text"/>	Group NPI	<input type="text"/>	Emergency Department	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address 1	<input type="text"/>	Address 2	<input type="text"/>	City	<input type="text"/>	Zip	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone Number	<input type="text"/>										
Hospital Name	<input type="text"/>	Hospital Type	<input type="text"/>	Group NPI	<input type="text"/>	Emergency Department	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address 1	<input type="text"/>	Address 2	<input type="text"/>	City	<input type="text"/>	Zip	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone Number	<input type="text"/>										
Hospital Name	<input type="text"/>	Hospital Type	<input type="text"/>	Group NPI	<input type="text"/>	Emergency Department	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address 1	<input type="text"/>	Address 2	<input type="text"/>	City	<input type="text"/>	Zip	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone Number	<input type="text"/>										
Hospital Name	<input type="text"/>	Hospital Type	<input type="text"/>	Group NPI	<input type="text"/>	Emergency Department	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address 1	<input type="text"/>	Address 2	<input type="text"/>	City	<input type="text"/>	Zip	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone Number	<input type="text"/>										
Hospital Name	<input type="text"/>	Hospital Type	<input type="text"/>	Group NPI	<input type="text"/>	Emergency Department	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address 1	<input type="text"/>	Address 2	<input type="text"/>	City	<input type="text"/>	Zip	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone Number	<input type="text"/>										

For questions or comments, please contact the ADHS Public Health Promoting Interoperability Helpdesk: Phone (602)-542-6002 or Email: [promotinginteroperability@azdhs.gov](mailto:promotinginteroperability@azdhs.gov).



# AZ Public Health Promoting Interoperability Registration of Intent

Eligible Hospitals and Critical Access Hospitals-EHs and CAHs  
Account Managers/Resources

## 1 Account Managers/Resources

Please add all the resources that will be supporting the implementation and sending/receiving communication for the Public Health measures selected. You can include vendor contact information that will be working with each measure.

**The following requirements must be met:**

- At least one person needs to be specified for each category on the right.
- At least one Account Manager must be an Internal Resource.
- At least one resource responsible for each measure you plan to meet.

Although one Account Manager/Resource is required, we recommend that you have an additional Account Manager/Resource that can serve as a secondary point of contact.

\*To add more Account Managers/Resources, please reprint this page.\*

Account Manager	Immunization Registry	Syndromic Surveillance	Reportable Lab Results	Electronic Case Reporting
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First Name	<input type="text"/>	Last Name	<input type="text"/>	Contact Type	<input type="text"/>	Company	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="text"/>	Title	<input type="text"/>	Phone Number (Direct Line/Mobile)	<input type="text"/>	Fax Number	<input type="text"/>					
First Name	<input type="text"/>	Last Name	<input type="text"/>	Contact Type	<input type="text"/>	Company	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="text"/>	Title	<input type="text"/>	Phone Number (Direct Line/Mobile)	<input type="text"/>	Fax Number	<input type="text"/>					
First Name	<input type="text"/>	Last Name	<input type="text"/>	Contact Type	<input type="text"/>	Company	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="text"/>	Title	<input type="text"/>	Phone Number (Direct Line/Mobile)	<input type="text"/>	Fax Number	<input type="text"/>					
First Name	<input type="text"/>	Last Name	<input type="text"/>	Contact Type	<input type="text"/>	Company	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="text"/>	Title	<input type="text"/>	Phone Number (Direct Line/Mobile)	<input type="text"/>	Fax Number	<input type="text"/>					
First Name	<input type="text"/>	Last Name	<input type="text"/>	Contact Type	<input type="text"/>	Company	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="text"/>	Title	<input type="text"/>	Phone Number (Direct Line/Mobile)	<input type="text"/>	Fax Number	<input type="text"/>					
First Name	<input type="text"/>	Last Name	<input type="text"/>	Contact Type	<input type="text"/>	Company	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="text"/>	Title	<input type="text"/>	Phone Number (Direct Line/Mobile)	<input type="text"/>	Fax Number	<input type="text"/>					
First Name	<input type="text"/>	Last Name	<input type="text"/>	Contact Type	<input type="text"/>	Company	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="text"/>	Title	<input type="text"/>	Phone Number (Direct Line/Mobile)	<input type="text"/>	Fax Number	<input type="text"/>					
First Name	<input type="text"/>	Last Name	<input type="text"/>	Contact Type	<input type="text"/>	Company	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="text"/>	Title	<input type="text"/>	Phone Number (Direct Line/Mobile)	<input type="text"/>	Fax Number	<input type="text"/>					



Please complete this page if you are implementing the Immunization Registry interface.  
Please provide the information requested below. All fields are required to Finalize your Promoting Interoperability Profile.

<b>1</b>	<b>Current EHR vendor</b>	<input type="text"/>
<b>2</b>	<b>Current EHR software</b>	<input type="text"/>
<b>3</b>	<b>Current EHR version</b>	<input type="text"/>
<b>4</b>	<b>Does your system have the capability to send an HL7 v.2.5.1 message for Immunization Reporting?</b>	<input type="text"/>
<b>5</b>	<b>Is your EHR/software hosted?</b>	<input type="text"/>
<b>6</b>	<b>Does your facility administer adult or childhood vaccines?</b>	<input type="text"/>
<b>7</b>	<b>If yes, how many per year?</b>	<input type="text"/>



## Reportable Lab Results

Please complete this page if you are implementing the Reportable Lab Results interface.  
Please provide the information requested below. All fields are required to Finalize your Promoting Interoperability Profile.

1	Current EHR vendor	<input type="text"/>
2	Current EHR software	<input type="text"/>
3	Current EHR version	<input type="text"/>
4	Name of the certified software tool that will be creating/sending HL7 Reportable Lab Results message to public health	<input type="text"/>
5	Version number of the software tool used to create/send HL7 Reportable Lab Results message to public health	<input type="text"/>
6	Certified Health Product List (CHPL) Product number of the software tool <a href="https://chpl.healthit.gov/">https://chpl.healthit.gov/</a>	<input type="text"/>
7	If you plan to upgrade, when do you plan to have the newer version implemented?	<input type="text"/>
8	What is the name of the software and version that you plant to implement?	<input type="text"/>
9	Certified Health Product List (CHPL) Product number of the new version of the software tool <a href="https://chpl.healthit.gov/">https://chpl.healthit.gov/</a>	<input type="text"/>
10	When do you anticipate being able to send your first test message?	<input type="text"/>
11	Is your EHR/software tool hosted?	<input type="text"/>
12	Is the EHR/software tool cloud based?	<input type="text"/>
13	Does your system have the capability to send an HL7 v.2.5.1 message for lab reporting?	<input type="text"/>
14	Does your system have the capability to send LOINC codes for test names?	<input type="text"/>
15	Does your system have the capability to send SNOMED-CT codes for microbiology test results?	<input type="text"/>
16	Does your system have the capability to send SNOMED-CT codes for specimen source/type?	<input type="text"/>
17	For all the facilities in this registration combined approximately how many infectious disease results to do you report to public health in a week? Do not include send outs to LabCorp, Sonora Quest, or ARUP.	<input type="text"/>
18	If you average less than one report per week, please explain the types of testing you perform for <a href="#">reportable conditions</a>	<input type="text"/>



Please complete this page if you are implementing the Syndromic Surveillance interface.  
Please provide the information requested below. All fields are required to Finalize your Promoting Interoperability Profile.

1	Current EHR vendor	<input type="text"/>
2	Current EHR software	<input type="text"/>
3	Current EHR version	<input type="text"/>
4	Name of the software tool that will be creating/sending HL7 Syndromic Surveillance message to public health	<input type="text"/>
5	Version number of the software tool used to create/send HL7 Syndromic Surveillance message to public health	<input type="text"/>
6	Certified Health Product List (CHPL) Product number of the software tool <a href="https://chpl.healthit.gov/">https://chpl.healthit.gov/</a>	<input type="text"/>
7	If you plan to upgrade, when do you plan to have the newer version implemented?	<input type="text"/>
8	What is the name of the software and version that you plant to implement?	<input type="text"/>
9	Certified Health Product List (CHPL) Product number of the new version of the software tool <a href="https://chpl.healthit.gov/">https://chpl.healthit.gov/</a>	<input type="text"/>
10	When do you anticipate being able to send your first test message?	<input type="text"/>
11	Is your EHR/software tool hosted?	<input type="text"/>
12	Is the EHR/software tool cloud based?	<input type="text"/>
13	Does your system have the capability to send an HL7 v.2.5.1 message for Syndromic Surveillance?	<input type="text"/>



Please complete this page if you are implementing the Reportable Infectious Diseases Cases interface.  
Please provide the information requested below. All fields are required to Finalize your Promoting Interoperability Profile.

1	Current EHR vendor	<input type="text"/>
2	Current EHR software	<input type="text"/>
3	Current EHR version	<input type="text"/>
4	Name of the certified software tool that will be creating/sending HL7 Electronic Case Reporting (eCR) messages to public health	<input type="text"/>
5	Version number of software tool used to create/send HL7 Electronic Case Reporting (eCR) messages to public health	<input type="text"/>
6	Certified Health Product List (CHPL) Product number of the software tool <a href="https://chpl.healthit.gov/">https://chpl.healthit.gov/</a>	<input type="text"/>
7	If you plan to upgrade, when do you plan to have the newer version implemented? (mm/dd/yyyy)	<input type="text"/>
8	What is the name of the software and version that you plan to implement?	<input type="text"/>
9	Certified Health Product List (CHPL) Product number of the new version of the software tool <a href="https://chpl.healthit.gov/">https://chpl.healthit.gov/</a>	<input type="text"/>
10	When do you anticipate being able to send your first test message? (mm/dd/yyyy)	<input type="text"/>
11	Is your EHR/software tool hosted?	<input type="text"/>
12	Is the EHR/software tool cloud based?	<input type="text"/>
13	What HL7 format of eCR does your system produce to send to AIMS?	<input type="text"/>
14	Does your system have the capability to send LOINC codes for test names?	<input type="text"/>
15	Does your system have the capability to send SNOMED-CT codes for specimen source/type?	<input type="text"/>