THIS IS A TEST VERSION OF THIS SURVEY
Responses will NOT be recorded.

HealthInfoNet PHR Interest Survey
❋Required Question(s)

HealthInfoNet is seeking a partner to pilot linking a single patient portal with our health information exchange to promote patient engagement in their health information. Please fill out the following survey to see if your organization is a good fit for this project.

❋ 1. Please list the name of your organization.

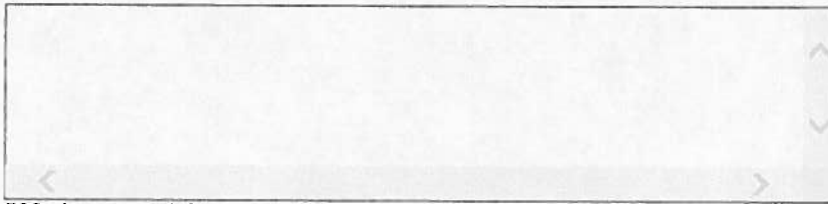[⌃⌄]

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❋ 2. Which of the following best describes your organization?

○ Hospital

○ Health System (that contains both inpatient and outpatient services)

○ Ambulatory/Outpatient Services (i.e. physician practice, mental health clinic)

○ Federally Qualified Health Center

○ Other [   ]

❋ 3. Which of the following describes the type of care you provide? Check all that apply.

☐ Primary Care

☐ Hospital

☐ Specialty Care

☐ Long-term care

☐ Home health

☐ Mental Health

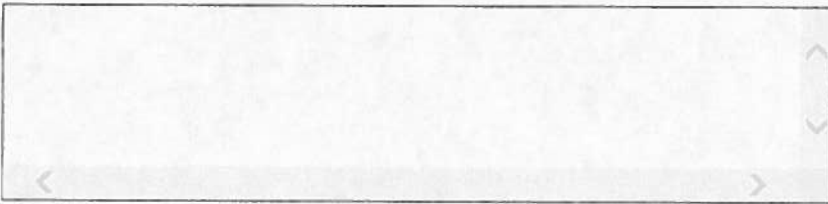☐ Other [   ]

Comment:

[text box]

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4. Does your organization include a critical access hospital?

○ Yes

○ No

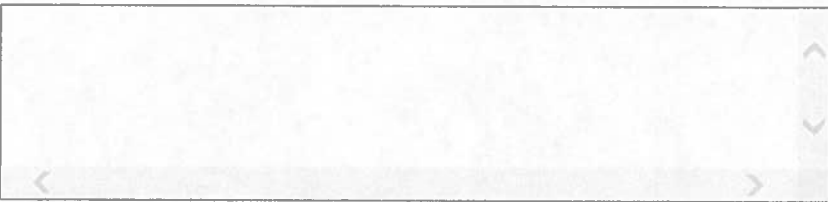Comment:

[text box]

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5. Please select one of the following related to your organizations meaningful use program.
○ My organization has met meaningful use stage one

○ My organization intends to meet meaningful use stage one by January 1st, 2014

○ My organization does NOT intend to meet meaningful use stage one by January 1st, 2014

Comment:

[text box]

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6. Is your organization currently participating with HealthInfoNet's health information exchange?

○ Yes

○ No

○ Don't know

7. Do you have an active patient portal connected to your electronic health record system?
○ Yes

○ No

○ Don't know

○ Other [   ]

Comment:

[   ]

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❋ 8. Where is your patient portal implemented? Choose all that apply.

☐ Hospital Services

☐ Ambulatory Services including primary care

☐ Post Acute Services

☐ Other [   ]

Comment:

[   ]

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❋ 9. How long has your patient portal been implemented in the ambulatory setting?

○ Under one year

○ 1-2 years

○ Over 2 years

○ Other [   ]

Comment:

[   ]

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❋ 10. How many registered users do you have for your patient portal?

[   ]

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❋ 11. How many of your registered users have accessed their portal at least two or more times in the past 12 months?

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[                                                    ⌃ ]
[                                                    ⌄ ]
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❋ 12. Is your organization connected to the health information exchange via a virtual private network (VPN)?
   ○ Yes
   ○ No

❋ 13. Is your organization able to forward your OID (Organization ID) and patient MRN to HealthInfoNet when a clinical summary document (PDF) is requested?
   ○ Yes
   ○ No

❋ 14. Is your organization able to generate a custom request to HealthInfoNet, including the facility name (or some facility identifier) and patient medical record number?
   ○ Yes
   ○ No

❋ 15. Is your organization able to receive a clinical summary document (PDF) from HealthInfoNet into your patient portal?
   ○ Yes
   ○ No

Thank you for expressing interest, but we're sorry your organization is not eligible for this pilot. If you have any questions contact Katie Sendze at ksendze@hinfonet.org.

[Finish]