

**Please fax the completed form  
by October 23, 2009**

**To: Kathryn Empson, Qualis Health  
Fax: (206) 366-3370**

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Attention Qualis Health:

Our organization is interested in using the proposed *Health Information Technology Extension Program Regional Center* to help us achieve meaningful use of electronic health record (EHR) systems.

### Organizational Description

Organization name \_\_\_\_\_

Organization zip code \_\_\_\_\_

**Number of sites that provide medical care in each of  
the following locations**

Idaho \_\_\_\_\_

Washington \_\_\_\_\_

**Total number of MDs, DOs, PAs, and ARNPs at the  
above-listed sites (not number of FTEs)**

Idaho \_\_\_\_\_

Washington \_\_\_\_\_

**Organizational status (check all that apply)**

\_\_\_\_\_ Community health center

\_\_\_\_\_ Federally qualified health center

\_\_\_\_\_ Rural health clinic

\_\_\_\_\_ Public hospital

\_\_\_\_\_ Non-profit critical access hospital

\_\_\_\_\_ Other (please describe)

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### Interest in the REC

We are interested in the following services (check all that apply)

#### EHR Selection

\_\_\_\_\_ Vendor selection

\_\_\_\_\_ Individual purchase

\_\_\_\_\_ Group purchase

#### EHR Implementation

\_\_\_\_\_ Onsite technical assistance

\_\_\_\_\_ Assistance with new features and upgrades

\_\_\_\_\_ Project management support

#### HIT-Related Workflow

\_\_\_\_\_ Onsite workflow redesign

\_\_\_\_\_ Updating roles and responsibilities for clinical  
and support staff

\_\_\_\_\_ Using rapid cycle feedback to design  
continuous QI activities

#### Exchange of Health Information (administrative transactions, lab orders and results, prescriptions, etc.)

\_\_\_\_\_ Technical assistance to ensure continuity of  
care

#### Privacy and Security

\_\_\_\_\_ Technical assistance regarding the  
implementation and maintenance of physical  
and network security

\_\_\_\_\_ Designing user-based access controls

\_\_\_\_\_ Planning for disaster recovery

\_\_\_\_\_ Developing encryption and backup media  
storage procedures

\_\_\_\_\_ Creating human resources training and  
policies

**Other (please describe)**

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Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_