



ProAccess Sign-Off Form

I certify that the practice:

Practice Name: _____

Practice Address: _____

Please initial each box:

- 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.
- 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.

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.

Practice Results Delivery Method: Inbox Auto Print

Data Provider	Yes	No	N/A	If 'No' please indicate a specific reason below:
Christiana Care				
Bayhealth				
Beebe				
St. Francis				
LabCorp				
DPS				
Quest				
TriState Open MRI				
Papastavros				
Nemours/AI DuPont				

- 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 Help Desk, which is staffed 24 hours a day, 7 days a week, by calling 1-866-HEY-DHIN (1-866-439-3446) or emailing Customer_Support@medicity.com
- All other data delivery sources, which DHIN is replicating, may be discontinued within five (5) business days and that practice staff are 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 above. Priority reports, results and related documents may additionally be delivered by participating data senders through other mechanisms.

Practice Administrator Name (Please Print) _____

Phone Number _____

X _____
Practice Administrator Signature

_____ Date

Please scan and email to support@DHIN.org or fax to (302) 645-0398

