



HL7 Responsibilities and Contact Information Form

Organization Information

Organization: _____

Electronic Health Record (EHR) Vendor _____

Primary Project Contact

Contact Name: _____
First, Last Name *Title*

Phone: _____ Email _____

I work for the EHR Vendor YES NO I work for the provider YES NO

Back-up Project Contact

Contact Name: _____
First, Last Name *Position*

Phone: _____ Email _____

I work for the EHR Vendor YES NO I work for the provider YES NO

Contact for HL7 Messaging Errors

Contact Name: _____
First, Last Name *Position*

Phone: _____ Email _____

I work for the EHR Vendor YES NO I work for the provider YES NO

Contact for HL7 Messaging Errors/Issues

Contact Name:

First, Last Name

Position

Phone: _____

Email _____

I work for the EHR Vendor YES NO

I work for the provider YES NO

Contact for Message Transport Server Errors/Issues

Contact Name:

First, Last Name

Position

Phone: _____

Email _____

I work for the EHR Vendor YES NO

I work for the provider YES NO

Contact for Field/Provider Mapping Updates and Changes

Contact Name:

First, Last Name

Position

Phone: _____

Email _____

I work for the EHR Vendor YES NO

I work for the provider YES NO