



Post Go Live Interoperability Responsibilities and Contact Information

Organization: _____

Electronic Health Record (EHR) Vendor: _____

Contact Name: _____
First and Last Name *Title*

Phone: _____ Email: _____

I work for the EHR Vendor Yes No I work for the provider Yes No

I should be contacted for transport and connectivity issues

I should be contacted for message data errors/issues

I should be contacted for facility mapping errors/issues

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