Patient Health Record (PHR) & Direct Secure Messaging (Direct) Readiness Assessment Form

The following information must be completed by the site requesting access to IHS PHR & Direct Secure Messaging, then sent to their PHR/Direct Area admin for review and submission to the OIT PHR/Direct Team.
Fields marked with * are required.

Service Unit/Facility legal name:*

Service Unit/Facility informal name:*

Purpose (select one)*:   Onboarding   Offboarding Site   Update Existing Site

If updating existing site, select all reasons: Name   Address   Team Members   I/T/U Change

    Other:

(If none of the above reasons apply, select this check box to add the reason)

Station ID* | **ASUFAC #*** | **Database ID*** | **Area***

Direct Facility Domain name*

Note: Your domain name format should be *facilityname.directihs.net* and less than 30 characters

Facility Direct Address:*

Facility Physical Address:*

Facility Production RPMS IP:*

Is this a multi-divisional facility?*

Fill in information for each sub-facility:

Sub-Facility Name	Physical Address	IP Address	Station ID	ASUFAC	Database ID

Tribal and Urban sites

Please **verify** that the below **required** agreements have been completed for your facility (BAA and EUA are not required if MPA is in place).

Agreement	Completed
Security Agreement Summary (SAS) or SAS Addendum (Complete every three years, signatures updated annually)	
Multi-Purpose Agreement (MPA) (Signed once, and automatically renewed annually until notified otherwise)	

All Facilities:* Verify the following tasks have been completed (initial onboarding only):

TASK	Completed	Date
Finalize Facility's domain name		
Submit access request via Help Desk ticket for SU/FA's access		
Develop & incorporate PHR & Direct policies and procedures		
Begin outreach for PHR & Direct		
Install all required patches and MPI and HIE onboarding		
Complete required trainings for SU/FA and Users		

Team members:*

Role	Name	Email
PHR Area Administrator		
Direct Area Administrator		
PHR SU/FA		
Direct SU/FA		
PHR Registrar		
Message Agent		
Facility Address Designee		
Clinical Informaticist		

If additional space is required for PHR and Direct team members, use the notes section at the end of this document.

Notes

Form completed by:* _____ Date:* _____

Please click the **Submit Form** button to send a completed form to IHS OIT CIS Support.