



## HL7 Interface Request Worksheet

Office Name: \_\_\_\_\_  
 Physician(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Main Phone: \_\_\_\_\_  
 \_\_\_\_\_

Individual authorized to sign contract on behalf of practice:

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

|                                                                                               |         |                                                     |
|-----------------------------------------------------------------------------------------------|---------|-----------------------------------------------------|
|                                                                                               | Manager | Super User<br>(will perform testing & verification) |
| Office Contact ( <b>will need to be involved in implementation and vendor coordination</b> ): |         |                                                     |
| Direct phone of Contact:                                                                      |         |                                                     |
| e-mail of Contact:                                                                            |         |                                                     |
| RALLP marketing rep for physician office:                                                     |         |                                                     |
| Do you wish to just receive results or send orders and receive results (bi-directional)?      |         |                                                     |
| Are there multiple offices for this practice/physician?                                       |         |                                                     |
| If YES, does the other locations use/share the same EMR system?                               |         |                                                     |

| EMR Vendor Information:                              |  |
|------------------------------------------------------|--|
| EMR vendor name:                                     |  |
| EMR software name & version:                         |  |
| Is the EMR server located on-site at a local office? |  |

| INSIDE SALES (EMR) | Primary Contact | Secondary Contact |
|--------------------|-----------------|-------------------|
| Name:              |                 |                   |
| Title:             |                 |                   |
| E-mail address:    |                 |                   |
| Primary Phone:     |                 |                   |
| Direct Phone:      |                 |                   |
| Fax:               |                 |                   |

| SUPPORT (EMR)   | Primary Contact | Secondary Contact |
|-----------------|-----------------|-------------------|
| Name:           |                 |                   |
| Title:          |                 |                   |
| E-mail address: |                 |                   |
| Primary Phone:  |                 |                   |
| Direct Phone:   |                 |                   |
| Fax:            |                 |                   |

**Office Support Information:**

Is your local network & equipment supported by your EMR vendor? YES / NO  
If NO, please fill in the below information.

| <b>I.T. SUPPORT VENDOR</b> | <b>Primary Contact</b> | <b>Secondary Contact</b> |
|----------------------------|------------------------|--------------------------|
| Name:                      |                        |                          |
| Title:                     |                        |                          |
| E-mail address:            |                        |                          |
| Primary Phone:             |                        |                          |
| Direct Phone:              |                        |                          |
| Fax:                       |                        |                          |

**Radiology Associates, LLP contact information:**

| <b>HL7 Staff</b> | <b>Primary Contact</b> | <b>Technical Contact</b> |
|------------------|------------------------|--------------------------|
| Name:            | David Ritchie          | Elijah Bernal            |
| e-mail address:  | dritchie@xraydocs.com  | ebernal@xraydocs.com     |
| Primary Phone:   | (361) 561-3024         | (361) 561-3024           |
| Fax:             | (361) 561-3028         | (361) 561-3028           |

## Frequently Asked Questions

### What is an HL7 interface?

The term “HL7 interface” is frequently used in the healthcare IT setting. Other terms include interface engine and integration engine. The interface is basically a software program that processes data between numerous Healthcare IT systems. Think of it as the nerve center or traffic cop of all the data that flows between multiple technologies in a hospital or other Healthcare organization.

Radiology Associates can receive orders directly from your EMR and process them more quickly than by fax. Results are transmitted back to your EMR as soon as they are approved, so your reports will appear in your patients’ charts immediately.

### What are the benefits to my practice?

1. Ability to send us orders electronically utilizing our exam code list. Orders are received immediately and processed by our schedulers more quickly. Patients will receive a call from us to schedule their exam faster than if the order is faxed.
2. The order is more legible than handwritten orders, and since it utilizes our exam code list, it can be scheduled without us having to call you for clarification.
3. When the order is received, it is also immediately available to view in our Royal MD Physician Portal, so you can see when and where the patient is scheduled.
4. As soon as our doctors sign the report, you will have the report in your system within minutes. The results go directly into the patient’s chart (*bi-directional interfaces only*).

### What are the responsibilities for my practice?

The practice will need to initiate a request with their EMR vendor to obtain this interface and obtain a quote for the implementation and maintenance.

The practice will be responsible for maintaining the hardware or software required by the EMR vendor to maintain connectivity. The practice will also be responsible for providing technical contacts to the Radiology Associates’ IT Department, as well as the contact to an on-site administrator with whom we can work to troubleshoot connection issues and update the exam compendium in your EMR. Your on-site contact will also be responsible for assisting with testing and implementing the interface.