

## Third Party Electronic Data Request

This form is intended solely for authorized representatives of **HIPAA covered entities, healthcare providers or developers of certified HIT** inquiring about data integration/access, batch files or feeds from Advocate Aurora Health. If your inquiry meets these criteria, you will receive a response within 10 business days.

If you are a **patient** requesting access to your medical records:

Patients and their authorized representatives can obtain electronic access to their records by:

- Patient Portal/[LiveWell application](#)
- Application Programming Interface (API) such as Apple Health (Note: API must be on approved AAH list)
- Request through HIM Dept. records in physical media format (e.g., CD or USB drive), or email. For more information, call [414.979.4590](tel:414.979.4590) weekdays.

If you are a **health care provider** or other HIPAA Covered Entity:

**Please Note:** AAH contributes clinical data to the following Health Information Exchanges, that support the flow of health information among physician practices, hospitals, labs, and others, regardless of the type of EHR systems they may use.

*Completion of this form is not required to access AAH data via these HIE's.*

### eHealth Exchange Network

<https://ehealthexchange.org/how-to-join/>

Organization subscription and Annual Network Participation Fee required.

Requestors may obtain information from AAH on becoming a participating member to integrate their EMR with the exchange and experience more benefit than just exchanging info with AAH.

### CareQuality

<https://carequality.org/>

Subject to Implementer participation and eHealth Exchange Network costs.

CareQuality is a non-profit, national-level, consensus-built, interoperability framework to enable exchange between and among health information networks and service platforms. It supports secure access to health information across diverse networks, including EHR vendors, record locator service providers, health information exchanges, and others. Connectivity is governed by technical and policy agreements developed and maintained by a broad group of industry and government stakeholders.

### WISHIN

<https://wishin.org/>

Subject to participation fees.

WISHIN is Wisconsin's state-designated entity for HIE. It is responsible for developing HIE capability throughout the state. WISHIN's products and services allow health care providers to securely share a patient's medical information with other health care providers who have seen the patient—even if those providers are not part of the same practice or health system.

Requestors may obtain information from AAH on becoming a participating member to integrate their EMR with the exchange and benefit more than just exchanging data with AAH.

### Medical Home Network (MHN)

<https://www.medicalhomenetwork.org/>

Subject to participation fees.

MHN is a not-for-profit collaborative that creates a structured approach to care management by providing appropriate tools, processes, staffing and sharing of care plans. Its team-based model of care is supported by innovative technology that virtually integrates disparate healthcare entities to enable collaborative care management across a network consisting of 23 hospitals and over 300 primary care entities in the greater Chicago area.

If you are a **Health Plan**:

AAH's preferred clinical data exchange is the Epic Payer Platform application.

**Instructions:** We encourage requestors to utilize one of the above HIEs. However, if you require data access in an alternate electronic form please submit completed request form and/or questions to [AAH-InfoBlocking-Interoperability@aah.org](mailto:AAH-InfoBlocking-Interoperability@aah.org).

**Part 1: Requestor Information**

\*required entry

*Company Name:		
<input type="checkbox"/> Health Care Provider	<input type="checkbox"/> Certified HIT Developer	<input type="checkbox"/> Health Plan
Street Address:		
City:		
State:		
Zip Code:		
*Contact Name:		
Title:		
*Phone:		
Fax:		
*Email:		
EMR Application:		
EMR Vendor:		
EMR IT Contact:		

**Part 2: Requestor Organization**

<b>1. Organization Type</b>	
<input type="checkbox"/> Governmental: <input type="checkbox"/> Federal <input type="checkbox"/> State (indicate State: _____) <input type="checkbox"/> Local	<input type="checkbox"/> Non-Governmental: (select all that apply) <input type="checkbox"/> Health Information Exchange (HIE) <input type="checkbox"/> State HIE <input type="checkbox"/> Regional HIE <input type="checkbox"/> Other HIE <input type="checkbox"/> Health Care Provider Group <input type="checkbox"/> AAH Affiliate <input type="checkbox"/> Health Plan or Third Party Administrator <input type="checkbox"/> Value-Based Care or Affordable Care Organization <input type="checkbox"/> Vendor Intermediary <input type="checkbox"/> Vendor [provide name(s) of covered entity requesting on behalf of & include copy of BAA] _____ _____ _____ <input type="checkbox"/> Other (please describe) _____ _____ _____
<b>2. Patient Care Organization Size: (as applicable)</b>	
<b>Number of Hospitals &amp; Clinics:</b>	

<b>Other types of services in your network:</b> (e.g. ambulatory surgery centers, home health, dialysis centers, etc.)	
<b>Number of Providers:</b>	
<b>Provide a description of your services:</b>	
<b>What is your patient service area:</b> (e.g. geographic service area)	
<b>Other:</b> (please describe)	

### Part 3: Access or Data Exchange Type

Please provide as much information possible about the data being requested. Please do not include on form or attach any protected health information (PHI).

<b>I am requesting access to the following applications</b> (check all that apply)	<input type="checkbox"/> <b>EpicCare Link</b> — <i>Requestor does NOT have Epic information system.</i> A secure, online portal that provides real-time access to view your patients’ electronic health records in order to track activity such as appointments, lab results, medications etc. Data does not integrate with your electronic health record (EHR) system.
	<input type="checkbox"/> <b>Direct Messaging</b> Direct messaging is a secure, standardized way that health care organizations can exchange patient health information and referrals directly between electronic health record (EHR) systems. This functionality allows practices to connect with Advocate Aurora without having to use fax machines or mail services. Data provided is transactional, but not full transactional history that is available in EpicCare Link.
	<input type="checkbox"/> <b>Epic Payer Platform</b> Payer Platform is an application that allows for electronic exchange of information between a health care provider and the payer. All claims and most related clinical information that will be covered by the payer is shared.
	<input type="checkbox"/> Other or Unsure (please describe): <hr/>
<b>Request Type:</b> (e.g. discrete data, reports etc.)	
<b>Business Need:</b>	

<b>Content Request:</b> (e.g. lab results, progress notes etc.)	
<b>Request Frequency:</b> If applicable	<input type="checkbox"/> One Time <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (please describe): _____
<b>Report Format:</b> If applicable	<input type="checkbox"/> .CSV <input type="checkbox"/> .PDF <input type="checkbox"/> Interface <input type="checkbox"/> Other (please describe): _____
<b>Supporting Documents:</b>  <b>Note:</b> If vendor or vendor intermediary, provide BAA and/or other supporting documentation authorizing data access	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Choose Files</div>

I attest that I am authorized to request and receive the above listed electronic health information (EHI) on behalf of the entity, organization, and/or individual indicated on this form, and that I will comply with all applicable state and federal privacy laws created for the purposes of protecting individual and personal privacy.

<b>*Electronic Signature:</b>	
<b>Date:</b> (mm/dd/yyyy)	

Submit completed form and/or questions to [AAH-InfoBlocking-Interoperability@aah.org](mailto:AAH-InfoBlocking-Interoperability@aah.org).

**UPLOAD IMAGE**  
**1 image limit**