ValleyHealth

Healthier, together.

Thank you for contacting Valley Health System. In order to capture additional information to fulfill this request we are asking that you complete the attached form. Once completed please forward as an attachment to ishelpdesk@valleyhealthlink.com. Once you send back this additional information, a team consisting of HIM, Compliance and Security will review your request.

You may be asked for additional information and to participate in a TCCB (Technical Configuration Control Board) review to determine if your request will assimilate into the Valley Health infrastructure and to capture additional technical requirements.

Vendor/Company/Business Name_____

Name of Product:_____

Name of Representative Requesting:_____

Requesting Representative email:_____

Requesting Representative Phone Number: _____

Is this a patient medical record request? ☐ Yes or ☐ No
    If yes, please refer to our medical record request process on the VH internet.

Please provide a detailed description of your request.

Do you have an established relationship with Valley Health? ☐ Yes or ☐ No

What data elements or fields are you requesting?

_____

What ways do you want this information transmitted?

_____

Is this one record or multiple?

_____

Time frame of requested records From: _____ To_____ (Format mm/dd/yyyy)

How are you requesting to receive this information? Check all that apply.

☐ CD

☐ USB Drive

☐ App or API (Mobile Integration) (**See Asterisk below)

☐ Portal Request of Data to a 3rd party application

☐ Paper records

☐ Secure message (will require a login)

☐ Email (**See Asterisk below)

☐ Other preferred form and format: _____

**If you are requesting this information via email please note that this is unencrypted and that there is risk that the information may be viewed by unauthorized persons while transmitted. By signing below you agree that you accept this risk.

**If you are requesting this information via an API, Valley Health is not responsible or liable if this app does not have the appropriate privacy and security in place. We do encourage you however to review the privacy policy of the app prior to downloading to your device. It is also strongly recommended that you password protect your mobile device if you are intending to store medical information on it.

What format are you requesting this information in? Check all that apply

☐ PDF
☐ JPEG
☐ TIF
☐ CCDA
☐ Other: _____
☐ Electronically Transported (If so how?) _____