



Rady Children's Hospital - San Diego
3020 Children's Way
San Diego, CA. 92123



DTF1505

PATIENT INFORMATION

Name: _____
MR#: _____ Finance: _____
DOB: _____
MD: _____

REQUEST TO SEND PATIENT DATA TO 3RD PARTY APPLICATION

Patient Name: _____ Date: _____
(LAST) (FIRST) (M.I.)

Address: _____

Telephone: _____

Date of Birth: _____ Medical Record Number: _____
(OPTIONAL)

Please tell us the name of the application to which you would like to make your data available:

Please tell us whether this application has already been integrated with Epic:

NO YES, If YES, name the Institution(s) that is live with this integration:

Please tell us what information you need to share with this application:

Please tell us what you are hoping to accomplish by making your data available to this application:

Please tell us what kinds of patients would be helped by integrating this application?

Date Signed: _____
Signature of Parent or Legal Guardian (Patient if over 18)

(please see next page for instructions on how to submit your request form)

**PLEASE SUBMIT THIS FORM TO RADY CHILDREN'S HOSPITAL – SAN DIEGO
HEALTH INFORMATION DEPARTMENT**

Mail:

Rady Children's Hospital – San Diego
Health Information Department – Release of Information
3020 Children's Way
Mailcode 5049
San Diego, California 92123-4282

Drop off:

Rady Children's Business Center
Health Information Department
5855 Copley Drive, Suite 101
San Diego, California 92111
Hours: Mon-Fri, 8:00am – 4:30pm

Fax: 858-966-8527

e-mail: releaseofinformation@rchsd.org

Questions: 858-966-5904

FOR INTERNAL USE ONLY

Person completing this form: _____ Date: _____

Is there an existing solution in place already? If so, please describe:

Is this application available in the App Orchard? YES NO

If YES, is it in use at other Institutions? YES NO

If YES, please list name(s) of institution (s)

Does this application meet INFOSEC criteria? YES NO

What type of integration is available? ADT Orders/Results FHIR Interconnect

Is the data hosted within MyChart? YES NO

What is the estimated work effort to complete this integration (infrastructure, integration, CIS)?

What is the soonest possible start? _____

What is the estimated duration? _____

Is licensing required? YES NO

What is the estimated cost (please provide a breakdown):
