

Electronic Health Data Request for Business Operations or Educational Materials

a. Dept Mgr/Medical Director or Program Director/Chair/Assoc Dean approval required.

<input type="checkbox"/>	Performance Improvement/Quality Assurance (i.e. patient safety, add other examples)
<input type="checkbox"/>	Pay-for-Performance/Physician Quality Reporting Initiative (PQRI)
<input type="checkbox"/>	Health Professional Board Certification
<input type="checkbox"/>	Regulatory Oversight (i.e. Center for Medicare/Medicaid Services, FDA, Joint Commission)
<input type="checkbox"/>	Business Operation Support
<input type="checkbox"/>	Case Studies
<input type="checkbox"/>	Other:
Describe your job-related need for this information:	
Signature of Managing Director	

Please upload the signed form to the EHR Request form to complete your application