

BioSense Platform Onboarding Process Facility Acknowledgment

Facility Technical Engineer Lead Name: _____

I acknowledge the following BioSense Platform onboarding processes and principles as a best effort attempt to adhere to the *PHIN Messaging Guide for Syndromic Surveillance*, which is the basis for the Office of the National Coordinator for Health Information Technology Vendor Certification:

- ☐ The BioSense Platform gives highest priority to emergency and urgent care facilities; ambulatory and inpatient onboarding are performed on a “best effort” basis.
- ☐ My local site administrator has authority to establish additional requirements for onboarding.
- ☐ My local site administrator has final approval authority for onboarding a facility onto the BioSense Platform.
- ☐ My local site administrator has authority to recommend disconnection for a facility from the BioSense Platform.
- ☐ Effective syndromic surveillance relies on continuous improvement of the quality and content of data submitted for syndromic surveillance; meeting the minimum requirements for production should only be a first step.
- ☐ My organization may be given *contingent* (temporary) approval to send data to production if we do not meet the minimum requirements.
- ☐ Expiration of *contingent* approval may result in disconnection from the BioSense Platform.
- ☐ Updates to the *PHIN Messaging Guide for Syndromic Surveillance* may result in requests to meet updated guidelines.

Acknowledgment of Receipt of Latest Documentation

Initials	Acknowledgment Description
	I have reviewed the latest copy of the <i>PHIN Messaging Guide for Syndromic Surveillance</i> , located at http://www.cdc.gov/phinf/resources/PHINguides.html .
	I have reviewed the Facility Onboarding Checklist on the BioSense Platform Onboarding Website: http://www.syndromicsurveillance.org/onboarding .
	I have distributed a copy of this acknowledgment document among all members of the data integration team for this facility.
	I will provide a list of facilities (FacilityID_UUID, Facility Name, Facility City, Facility Zip Code, and Facility State) for whose data integration I am responsible to the BioSense Platform Onboarding Team.

Name and Signature: _____

Position/Title: _____

Date Signed: _____

Print Form

Save Form

Disclaimer: This document is not legally binding. It is intended to ensure all sites and facilities submitting data to the National Syndromic Surveillance Program are aware of the onboarding process.