DocView/Athena Implementation Checklist

Midway Data Systems

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| **Practice Information** |  |
| Practice Name |  |
| Billing Address: Attn, Street, City, State Zip |  |
| Practice primary contact person (name, email, work, cell) |  |
| Practice Website URL |  |
| What IP address(es) will our system see traffic from for users at your practice when accessing DocView via the internet. (*Only these IP addresses plus the hospital IP addresses will have access to DocView.)* |  |
| Names of Athena departments and associated delivering providers (please list ALL and please double-check spelling). *Hospital staff will use this list to access your practice’s patients. You can provide this on a spreadsheet if desired.* |  |
| Practice Name or Identifier to Athena |  |

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| **Hospitals at which your providers deliver** |  |
| Hospital Name, City, State |  |
| What IP address(es) will our system see traffic from for users at the hospital when accessing DocView via the internet. *(either forward this question to a hospital IT contact or have them contact us.)* |  |

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| **Application Settings** |  |
| Hospital staff will have access to any patient with an open OB Episode. Please indicate your agreement with your initials.  |  |
| **Document List:** Please indicate which standard Document Types you want included in the prenatal packet. *Please include at least one Patient ID (test patient is OK) that has these documents associated with them for testing purposes.* | **Document Type Y/N Patient ID**H&P Encounter Y/N \_\_\_\_\_\_\_\_\_\_\_\_Vaccine Report Y/N \_\_\_\_\_\_\_\_\_\_\_\_Ultrasound note Y/N \_\_\_\_\_\_\_\_\_\_\_\_Scanned-in lab results Y/N \_\_\_\_\_\_\_\_\_\_\_\_Open OB Episode Y/N \_\_\_\_\_\_\_\_\_\_\_\_Closed OB Episode Y/N \_\_\_\_\_\_\_\_\_\_\_\_Consent Forms Y/N \_\_\_\_\_\_\_\_\_\_\_\_ |
| Please list any other document types you want included in the prenatal packet. (Note, there may be a development fee for additional documents. If so, you will be give a quote before we proceed.) |  |
| **Maximum Retrieved Document Age :** *e.g., 365 days, this is ignored for closed OB episodes.* |  |