

# Vendor Information Intake Form



Keep in mind that many EHR vendors offer telehealth capabilities.

If you are using your EHR vendor as your telehealth provider, you may have already covered some of these questions in your original implementation.

## BUSINESS INFORMATION

Company Name and Corporate Structure (LLC, B-Corp, C-Corp, etc.):

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Company Category:

- ☐ Population Health
- ☐ Clinical Decision Support
- ☐ Medical Device
- ☐ Big Data/Analytics
- ☐ Personalized Medicine/Precision Medicine
- ☐ Telemedicine
- ☐ Patient Education/Self-Care
- ☐ EHR Interoperability
- ☐ Other 

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Company Size and Stage of Development:

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Current Number of Customers:

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Current State of Financial Viability:

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In a few sentences, describe your company and your main value proposition:

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What differentiates you from your competitors?

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# Vendor Information Intake Form (Cont.)



## INFORMATION TECHNOLOGY

Does your product directly integrate with our EHR or do we need to copy/paste patient information from your dashboard to our EHR? If we have the option, how much more does EHR integration cost?

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What changes will I need to make to my health IT network to accommodate software or hardware to support your service? What impact will your service have on my network's performance and internet speed?

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In a few sentences, walk us through your process of integrating with organizations' existing technology (EHR, PACS, etc.).

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What types of customization features exist?

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Do patients have access to their personal data?

- ☐ Yes  
☐ No

How do you manage connectivity issues? What backup plans are in place should we experience a connectivity issue/downtime?

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# Vendor Information Intake Form (Cont.)



## DATA SECURITY/PRIVACY

Please provide documentation of:

- ☐ Compliance with HIPAA rules where applicable
- ☐ HIPAA Business Associate Agreement (BAA)
- ☐ Any possible third-party audits, including SOC 2 or HITRUST
- ☐ Results of penetration testing

How will your product keep my patients' information private—both in my office and at the patient's home?

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Are patients able to provide consent on your platform before each visit? If not, what is the process that you recommend for this?

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How will your product ensure that my patients' information is securely transmitted?

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How does your service manage user authentication and authorization?

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What privacy and security safeguards are included with your service, i.e., cloud-hosted services? Will your company assist me in conducting a HIPAA Security Risk Assessment? (Note that privacy and security safeguards are required by HIPAA.)

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# Vendor Information Intake Form (Cont.)



## DATA SECURITY/PRIVACY (CONT.)

What process do you have in place to mitigate cyberthreats, i.e., attacks on the software your products run on?

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What process is in place for updates, security patches, and ongoing maintenance?

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If my patients have privacy and security questions, who should they contact?

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Who else owns or will have access to my patients' data? Is it collected and/or shared in a hub or repository? Is data sold, used for marketing, or used to generate revenue (e.g., used to develop new product offerings, services, or train algorithms)?

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What process is available to export patient data if I choose to discontinue using your telehealth technology service?

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How do federal regulations around information blocking and patient access impact your company? For instance, are you a Health IT Developer of Certified Health IT or Health Information Network/Health Information Exchange as defined by the Office of the National Coordinator for Health IT (ONC)?

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# Vendor Information Intake Form (Cont.)



## CUSTOMER SERVICE

Please select which of the following services you provide:

- ☐ Pre-launch support
- ☐ Staff training
- ☐ Staff support
- ☐ Patient training
- ☐ Patient support
- ☐ Data analysis

Help us understand what each of these services specifically entail.

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If there is an emergency issue while conducting a visit with patients, who do we contact and how?

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Do any of these services cost extra beyond a basic package? If so, which services?

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Please provide 1–3 references of current users we can contact to learn more about your customer service.

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# Vendor Information Intake Form (Cont.)



## USABILITY

In what form are we able to view and analyze telehealth visit data?

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Do you offer a process or functionality to review how telehealth visits went for patients or the care team? What does that look like?

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If applicable, can your program be run on any device, or is it device-specific?

- ☐ Software is device-specific
- ☐ Software can be run on multiple devices

Please list devices:

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We will need to test the front- and back-end user experience with our internal team. Are you able to provide a demo for our team?

- ☐ No
- ☐ Yes

Please list who to contact to set up a demo:

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# Vendor Information Intake Form (Cont.)



## USABILITY (CONT.)

What does the sign-in process for a telehealth visit on your platform look like for patients and clinicians?

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Describe what the process might be like for your platform going live with my organization. How long will it take?

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Do you provide billing and/or payment functionality for patients and/or clinicians on your platform? How does it work?

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Are there any other unique functionality features on your platform that I should be aware of?

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## EFFICACY

Describe the significant problem your company is trying to address.

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# Vendor Information Intake Form (Cont.)



## EFFICACY (CONT.)

How does your product or service address the problem?

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Please provide 1–3 case studies demonstrating results either below or in an attachment.

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Our goal is to *(insert your specific goal(s))*, which we're measuring by *(insert key measurement(s))*. How will your company help deliver on our goal(s)?

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Is there any additional information you would like to provide that is not already included in this application?

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Please submit any supporting documentation that you feel would be beneficial (Executive Summary, Pitch Deck, Company Website, Demo Video)

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