

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>Electronic Health Records (EHR)</b>	<b>FOR HRSA USE ONLY</b>	
	Application Tracking Number	Grant Number

\* 1. Does your health center use ELECTRONIC HEALTH RECORDS (not including billing records)?  
 (Skip to question 4, if you answer 'No or Don't Know')

- Yes, all electronic
- Yes, part paper and part electronic
- No or Don't Know

2. Is the EHR system certified by the U.S. Department of Health and Human Services?

- Yes  No  N/A

3. Which of your clinical programs use an electronic system? Of the clinical programs with an electronic system, indicate each program that is integrated within your health center's EHR.

Clinical Program	Electronic System? (Check if system present)	Integrated into EHR? (Check if integrated into EHR)
Medical	<input type="checkbox"/>	<input type="checkbox"/>
Oral/Dental	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Health and Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>
ePrescribing	<input type="checkbox"/>	<input type="checkbox"/>
Lab	<input type="checkbox"/>	<input type="checkbox"/>
X-Ray	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>If 'Other', please specify:</i> <input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>If 'Other', please specify:</i> <input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>If 'Other', please specify:</i> <input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>If 'Other', please specify:</i> <input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*4. Are there plans for installing a new EHR system or replacing the current system?

- Install a new EHR within 12 months
- Install a new EHR within 13-36 months
- Not install an EHR
- Unknown

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.