

# HL7 Clinic Contact Info Sheet

---

**Clinic Name:** \_\_\_\_\_ **VFC #:** \_\_\_\_\_  
*If applicable*

**Clinic Location:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_  
*First Last*

**Direct Phone Number:** (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ **ext:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

*Please assign and train a secondary responsible person.*

**Secondary Contact:** \_\_\_\_\_  
*First Last*

**Direct Phone Number:** (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ **ext:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

I understand that as an HL7 Clinic Contact, I am expected to

- Address data quality issues within 2 days of notification by SAIRS Team.
- Notify SAIRS Team if a SAIRS user is no longer employed at your clinic within 2 days of their last work day.
- Check the inbox of the email address provided on this form at least weekly.

If data quality is a continued unresolved issue, SAIRS reserves the right to disconnect data exchange. Once issue has been resolved, connection will be reestablished.

\_\_\_\_\_  
*Signature of Primary Contact*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Secondary Contact*

\_\_\_\_\_  
*Date*