



Please indicate the system: EPIC RIS Q-Path Other: \_\_\_\_\_

**Will this device connect to the hospital network?**      \_\_\_ Yes      \_\_\_ No

**Does this device have wireless capabilities?**      \_\_\_ Yes      \_\_\_ No

**Will this device display, store, or transmit PHI?**      \_\_\_ Yes      \_\_\_ No

*If Yes, please check relevant PHI items below:*

**Do providers have appropriate credentialing privileges for Point-of-Care Ultrasound?**      \_\_\_ Yes      \_\_\_ No

<input type="checkbox"/> Account Numbers	<input type="checkbox"/> Address Elements	<input type="checkbox"/> Any Unique ID	<input type="checkbox"/> Beneficiary #
<input type="checkbox"/> Biometric IDs	<input type="checkbox"/> Cert or License #	<input type="checkbox"/> Date Elements	<input type="checkbox"/> Device IDs / Serials
<input type="checkbox"/> Email Address	<input type="checkbox"/> Fax Numbers	<input type="checkbox"/> Full Face Photos	<input type="checkbox"/> IP Addresses
<input type="checkbox"/> Medical Record #	<input type="checkbox"/> Name Elements	<input type="checkbox"/> Social Security #	<input type="checkbox"/> Telephone Numbers
<input type="checkbox"/> Vehicle IDs	<input type="checkbox"/> Web URLs		

## Approvals

	Date
<b>System Clinical Ultrasound Director*</b> _____	_____
<b>CTSOC**</b> _____	_____
<b>ISS Solutions</b> _____	_____

\* *For Point-of-Care devices only*

\*\* *If CTOSC has granted an exception to the standard*