Go-Live Authorization Form

## About This Form

In order to move new interface functionality into your athenahealth production environment, you must review and complete this form. It should be understood that additional changes to the scope of the interface once moved into production will involve separate project work.

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| --- | --- |
| athenaNet Practice ID |  |
| athenahealth Event Number |  |
| Interface Name/Modification Description |  |
| Use Case Description |  |

## Interfaces Not Requiring Testing

Although some interface work does not require testing, you must still authorize the Go Live of the interface before it can be built in athenaNet Production.

The following classes of interfaces do not require testing, as there are no options in the design of the interface, and the interface has already been tested by athenahealth:

* Data Warehouse Feed
* File System Link
* Inbound Claim Attachments
* Outbound Automated Reports
* Some standardized interfaces with specific trading partners

## Interface Testing

To ensure the new interface functionality is working as expected, we recommend that you perform validation in the testing environment. In general, testing involves taking an action in one system and reviewing the outcome on the other system. At a minimum, it is recommended to test each interface subscription or trigger as outlined in the Interface Workflow section of the associated Interface Scoping Questionnaire (ISQ).

## Post Go-Live Support

To contact athenahealth for help or support post go-live, the following resources are available:

1 Integration Monitoring: [IntegrationMonitoringRequests@athenahealth.com](mailto:IntegrationMonitoringRequests@athenahealth.com)

Additionally, it is **required** to provide support contact information for the client and trading partner for use by athenahealth interface support. When possible, general support hotlines and email address are preferred.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Company | Title | Office Phone | Mobile Phone | Email |
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## Interface Go-Live Signoff

Reference is made to the Athenahealth services agreement (the “Agreement”) entered into by and between athenahealth, Inc. (“Athena”) and the client set forth on the signature page below (“Client”, “you” or “your”). In order to move your interface (or interface change requiring testing) (the “Interface”) into your athenaNet production environment, you must sign off on the functionality of the Interface by execution of this Go Live Authorization Form. Client agrees to fully cooperate with Athena and provide all assistance reasonably necessary for Athena to create, implement and maintain the Interfaces. Client acknowledges that Athena’s performance is contingent on Client’s timely and effective performance of its obligations and understands that the operability of the Interfaces depends on Client’s ability to maintain its own equipment and functionality. Client has obtained or will obtain all consents, licenses, and waivers and has fulfilled all legal obligations that are necessary to allow Athena to create, implement and maintain the Interfaces. It should be understood that additional changes to the scope of the Interface once loaded into athenaNet production will involve additional project work and potentially incur additional costs. In addition, Client acknowledges that moving the Interface to athenaNet production environment may require changes to athenaNet practice settings and in connection with this Go-Live Authorization Form authorizes all required changes in athenaNet.

Upon receipt of this signed form, Athena requires a minimum of 2 business days to move your interface live.

The terms of this Go Live Authorization Form are hereby incorporated into the Agreement and shall become effective upon Client’s signature below. By signing below, Client acknowledges that it is satisfied with the functionality of the Interface set forth below and Client authorizes Athena to enable such Interface to be deployed to athenaNet production.

CLIENT:

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:

Position:

Date: