

Thank you for your interest in participating in early adoption of the [Oregon Provider Directory](#). Please let us know a few details and we'll be in touch soon.

**1. Contact information**

Your name	
Organization name	
Organization city	
Email address	
Phone	
Preferred method to be contacted	

**2. How do you want to use the OPD? Please mark all that apply.**

<input type="checkbox"/> <b>Health care operations/administrative efficiencies</b> Comments:
<input type="checkbox"/> <b>Care Coordination and health information exchange (HIE)</b> Comments:
<input type="checkbox"/> <b>Analytics</b> Comments:
<input type="checkbox"/> <b>Other</b> Comments:

**3. Deployment of the OPD will be phased in different communities who can work together and leverage the benefits for their key use cases. Are there other organizations in your community that you anticipate will also be interested in adopting the OPD? If so, please list the organization's name and contact information.**

**4. What questions do you have for us?**

Forms can be emailed to [Oregon.provider-directory@dhsosha.state.or.us](mailto:Oregon.provider-directory@dhsosha.state.or.us).