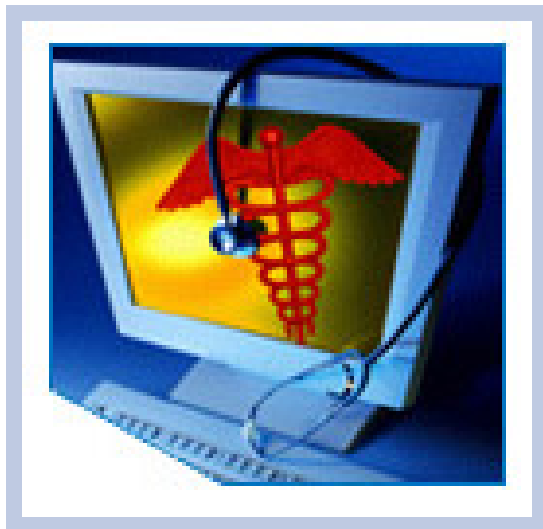


HITSP Patient Demographics Query Transaction

HITSP/T23



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Submitted by:

**Consumer Empowerment Technical Committee
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DOCUMENT CHANGE HISTORY

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TABLE OF CONTENTS

1.0	INTRODUCTION	5
1.1	Overview	5
1.2	Transaction Document Map	5
1.3	Copyright Permissions.....	6
1.4	Reference Documents.....	7
2.0	TRANSACTION DEFINITION.....	9
2.1	Context Overview	9
2.1.1	Transaction Constraints.....	9
2.1.2	Technical Actors	10
2.1.3	Actor Interactions.....	10
2.1.4	Pre-conditions.....	10
2.1.4.1	Process Triggers	11
2.1.5	Post-conditions	11
2.1.5.1	Required Outputs	11
2.1.6	Data Flows.....	12
2.1.6.1	Query – Consumer to Supplier.....	12
2.1.6.2	Response – Supplier to Consumer	13
2.2	List of Constructs.....	15
2.2.1	Construct Dependencies	15
2.2.2	Additional Constraints on Required Constructs.....	16
2.3	List of Standards.....	16
3.0	TECHNICAL IMPLEMENTATION	17
3.1	Conformance	17
3.1.1	Conformance Criteria	17
3.1.2	Conformance Scoping, Subsetting and Options	17
4.0	APPENDIX	18
5.0	CHANGE HISTORY	19
5.1	May 11, 2007	19
5.2	March 19, 2008.....	19
5.3	March 27, 2008.....	19



FIGURES AND TABLES

Figure 1.2-1 Transaction Document Map	6
Table 2.1.1-1 Transaction Constraints.....	9
Table 2.1.2-1 Technical Actors	10
Table 2.1.4-1 Pre-conditions.....	11
Table 2.1.4.1-1 Process Triggers.....	11
Table 2.1.5-1 Post-conditions	11
Table 2.1.5.1-1 Required Outputs.....	12
Table 2.1.6.2-1 HITSP Additional PID Segment Constraints.....	13
Table 2.2-1 List of Constructs	15
Table 2.2.1-1 Construct Dependencies	15
Table 2.2.2-1 Additional Constraints on Required Constructs.....	16
Table 2.3-1 List of Standards	16



1.0 INTRODUCTION

As an introduction to the HITSP Patient Demographics Query Transaction, this section provides a high level overview of the information sharing scenario enabled by following this specification, provides a document map of the construct relationships for this specification, acknowledges the copyright protections that pertain and provides links to key reference documents and background material. If you are already familiar with this information, proceed to Section 2.0 Transaction Definition.

1.1 OVERVIEW

This section describes the contents of this specification and provides a high level definition of this Transaction and background information about the underlying Components that the Transaction is based on.

This HITSP Patient Demographics Query Transaction is intended to be a portion of the HITSP/TP22 - Patient ID Cross-Referencing Transaction Package.

This Transaction is intended to provide a 'list of patients and their demographics' query and 'patient(s) and their demographics identified' response message pair (QBP^Q22, RSP^K22) for use wherever such needs exist.

This Transaction, as described in this document, does not include messages for other purposes; e.g., patient enrollment / identification, patient visit / encounter (e.g., Patient Demographics and Visit Query / Response), patient identity updated, obtain patient identifiers. Messages for such other purposes are provided by other specifications.

This HITSP Patient Demographics Query Transaction document extracts the Health Level Seven (HL7) version 2.5 Query and Response data mapping. The underlying basis for this extraction can be found in the Integrating the Healthcare Enterprise (IHE) IT Infrastructure Technical Framework, Volume 2 (ITI TF-2), and Revision 3.0: "Patient Demographics Query".¹

1.2 TRANSACTION DOCUMENT MAP

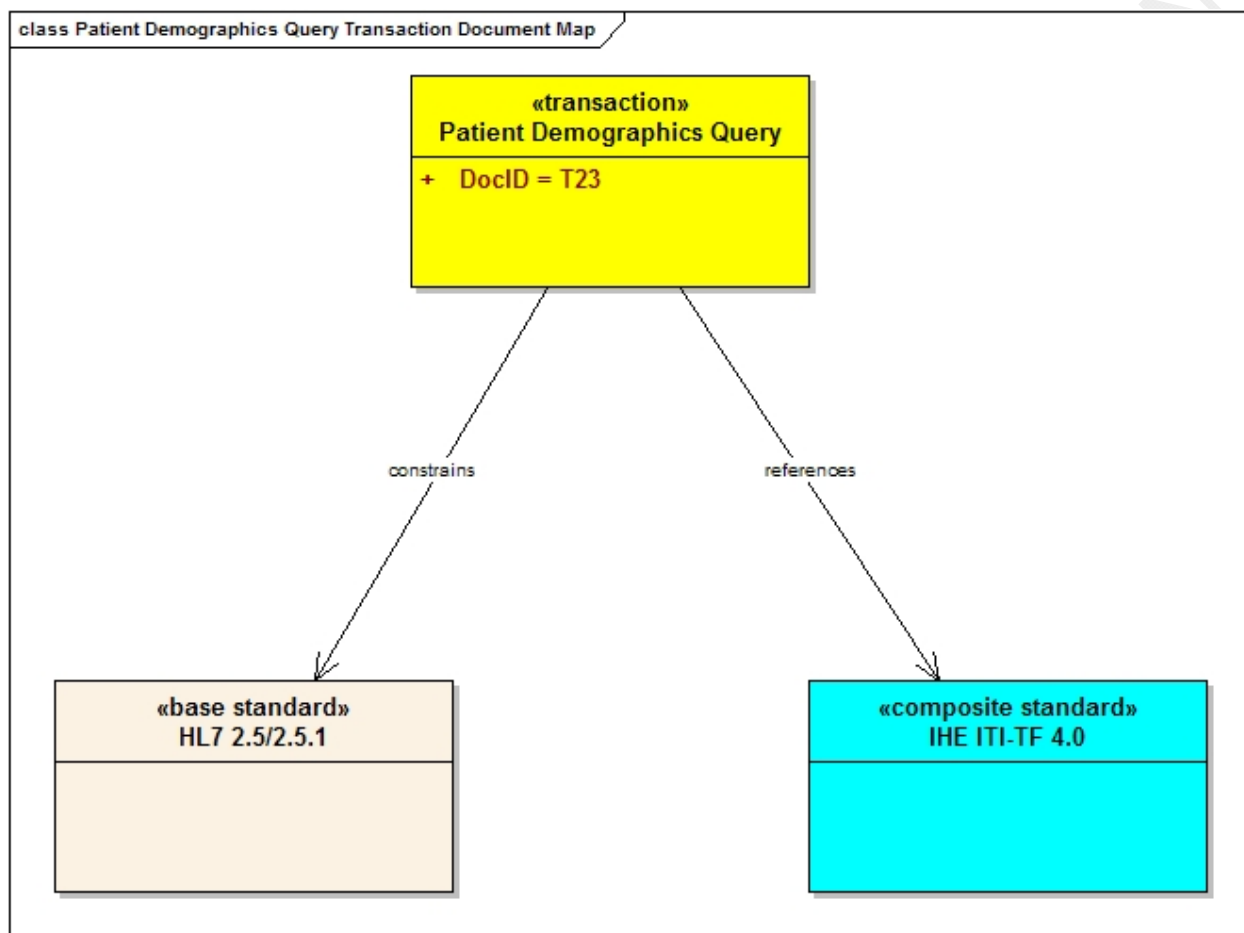
Each HITSP Interoperability Specification (IS) is comprised of a suite of constructs that, taken as a whole, define how to integrate and constrain existing standards and specifications that will satisfy the requirements imposed by a given Use Case. There are four types of HITSP constructs called Interoperability Specifications (IS), Transaction Packages (TP), Transactions (T) and Components (C). The current Patient Demographics Query Transaction specification is used with other constructs to meet the requirements of one or more Interoperability Specifications. Review Section 1.2 (Interoperability Specification Document Map) from the relevant IS to better understand the context, dependencies and

¹ IHE-ITI TF-2 §3.21.1



relationships between the constructs used to meet the IS requirements. The document map in Figure 1.2-1 depicts how this construct integrates and constrains HITSP constructs and existing standards selected, constrained or referenced to support the logical grouping of actions that must all succeed or fail as a group, within the defined context of this document. Implementers should read the documents that describe the constructs represented in the diagram for their details and specific uses.

Figure 1.2-1 Transaction Document Map



1.3 COPYRIGHT PERMISSIONS

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Seven, Inc. Copies of standards included in this Interoperability Specification may be purchased from the Health Level Seven, Inc. Material drawn from these standards is credited where used.

IHE materials used in this document have been extracted from relevant copyrighted materials with permission of Integrating the Healthcare Enterprise (IHE). Copies of this standard may be retrieved from the IHE Web Site at www.ihe.net.

1.4 REFERENCE DOCUMENTS

This section contains links to key reference documents and background material.

The HITSP Interoperability Specification Overview provides the background information about the HITSP and its role in the overall U.S. efforts to realize large scale interoperability of health information. The document also provides a description of the HITSP process for healthcare standards harmonization and explains how to use the Interoperability Specifications and other related documents to inform your health IT product development or product refinement.

The conventions that are used to convey the full descriptions and usage of standards in the HITSP specifications are contained in the HITSP Conventions List.

The acronyms used in this document are contained in the HITSP Acronyms List.

The HITSP Glossary provides definitions for relevant terms used by HITSP documents.

The HITSP Harmonization Framework describes the current framework within which the Interoperability Specifications are built.

A Technical Note, TN900 - Security and Privacy, has been developed as a reference document to provide the overall context for use of the HITSP Security and Privacy constructs. It includes the following:

- The scope, reference policy background, and Security and Privacy principles used in the development of the constructs
- A detailed description and schematics of the conceptual relationship between the Security and Privacy constructs
- A mapping of existing standards and constructs to be used in meeting the stated requirements of the AHIC Use Cases
- A list of identified gaps and the recommended approaches to resolving those gaps
- A roadmap for how the Security and Privacy constructs will evolve and eventually align with other HITSP Interoperability Specifications
- A conceptual framework for Security and Privacy management, including reference information on privacy policies, risk assessment and risk management
- A glossary of terms used in all the Security and Privacy construct documents



- A description of the application of the Security and Privacy constructs to the HITSP Interoperability Specifications for the three initial AHIC Use Cases – Biosurveillance, Electronic Health Records - Laboratory Results Reporting and Consumer Empowerment

HITSP will periodically update this Technical Note as required by the introduction of new contexts for use.



2.0 TRANSACTION DEFINITION

Transactions are a logical grouping of actions, including necessary content and context that must all succeed or fail as a group.

2.1 CONTEXT OVERVIEW

This section provides a general description of the Transaction. It includes a detailed definition of the Transaction and the reason for its use. It also provides all the necessary background information that further describes the context in which the Transaction is needed and the Components or composite standards that the Transaction is based on.

The IHE PDQ Integration Profile transaction is intended for use wherever Health Level Seven (HL7) messages are suitable to identify patients from a list of potentials. The IHE PDQ Integration Profile transaction involves a request by a Patient Demographics Consumer for demographic information about patients whose demographic data match data contained in the query message. The request is sent as a Patient Demographics query and received by a Patient Demographics Supplier. Patient Demographics Supplier immediately processes the query and sends a Patient Demographics response to the Patient Demographics Consumer that originated the query. This response contains a list of patient demographics for matching patients if any were found.² The process flows in the IHE PDQ Integration Profile transaction are shown in IHE-ITI TF-2, Section 3.21.4.

2.1.1 TRANSACTION CONSTRAINTS

This section describes the constraints that limit the context in which the Transaction construct may be used. A constraint describes a rule that limits the use of the actors, actions or data within the given context or to which the interactions must conform to be used within the described context. It is a description of the limits and scope of the interactions and can describe actions or events that are not part of the initial definition for the context.

Table 2.1.1-1 Transaction Constraints

Constraint
The Patient Demographics Consumer actor must store and be able to communicate the data elements necessary for the Patient Demographics Supplier to be able to process the received query and return demographic information for matching patients
The Patient Demographics Supplier must be able to create a, possibly empty, list of matching patient demographic information solely based on the data elements received in the query message from the Patient Demographics Consumer
Data must be constrained as described in the data flows Section 2.1.6

² IHE-ITI TF-2 §3.21.1



2.1.2 TECHNICAL ACTORS

This section describes the technical actors that need to be integrated in order to meet the interoperability requirements for this Transaction. A technical actor represents an entity internal to a software application, which is engaged in one or more specific Transactions to support a specific aspect of a real world information interchange (e.g., set of message exchanges). The table below lists the technical actors involved in the Transaction, a definition of their roles, an indication of their optionality, the specific transactions and content with which their involved and the optionality of the associated transactions and/or content.

Table 2.1.2-1 Technical Actors

Actor	Description	Used in Component/ Standard	Transaction/Content	Optionality*
Patient Demographics Consumer	<ul style="list-style-type: none">Queries the Patient Demographics Supplier for a list of patient demographic information, if anyReceives a list of corresponding patient demographic information from the Patient Demographics Supplier	IHE-ITI TF-2 Section 3.21.2	Patient Demographics Query [ITI-21]	R
			Patient Demographics and Visit Query [ITI-22]	O
Patient Demographics Supplier	<ul style="list-style-type: none">Receives the query for a list of corresponding patient demographics from the Patient Demographics ConsumerSends a list of corresponding patient demographic information to the Patient Demographics ConsumerMaintains one or more Patient Information Sources of patient demographics data	IHE-ITI TF-2 Section 3.21.2	Patient Demographics Query [ITI-21]	R
			Patient Demographics and Visit Query [ITI-22]	O

***NOTE:** Optionality = “R” for Required, “R2” for Required if known, “O” for Optional, or “C” for Conditional.

2.1.3 ACTOR INTERACTIONS

The following sections document the content of the Transaction and the basic process flows that are supported by the Transaction. It describes the underlying events that fulfill the Transaction, the sequence and timing of the events and the specific actors involved. Process flow diagrams are provided to illustrate the process relationships.

Actor interactions in the IHE PDQ Integration Profile transaction are shown in IHE-ITI TF-2, Section 3.21.2.

2.1.4 PRE-CONDITIONS

This section describes the necessary conditions that must be in place prior to the start of the workings of the Transaction. The pre-conditions are used to convey any conditions that must be true at the outset of a Transaction. They describe the context that must be established before the Transaction is executed. They



are not, however, the triggers that initiate the Transaction. Where one or more pre-conditions are not met, the behavior of the Transaction should be considered uncertain.

Table 2.1.4-1 Pre-conditions

Pre-condition
It is expected that the security framework under which this Transaction operates is in accordance with the Interoperability Specification that references this construct. Therefore all applicable HITSP Security and Privacy constructs are implemented as required
Patient Demographics Consumer contains patient demographic data suitable for matching
Patient Demographics Supplier maintains a list of patient demographic data suitable for matching and providing matching plus additional patient demographic data to the Patient Demographics Consumer. Security and privacy policies will set limits on the release of patient demographics information to Patient Demographics Consumers

2.1.4.1 Process Triggers

This section describes the process triggers, including actors and/or processes, which are necessary to start the Transaction. They can invoke an automatic or manual process or result that in turn starts off the Transaction. A process trigger is not the same as a pre-condition that describes a context that needs to be in place at the start of the event.

Table 2.1.4.1-1 Process Triggers

Process Trigger
Triggers for Patient Demographics Consumer as described in IHE-ITI TF-2, Section 3.21.4.1.1
Triggers for Patient Demographics Supplier as described in IHE-ITI TF-2, Section 3.21.4.2.1

2.1.5 POST-CONDITIONS

This section provides an overview of the conditions or results that must occur at the end of the Transaction in order for the Transaction to be deemed successfully completed. This includes any required outputs from the Transaction or specific actor states.

Table 2.1.5-1 Post-conditions

Post-condition
Patient Demographics Consumer expanded patient demographic data for one or more patients where found by the Patient Demographics Supplier
Patient Demographics Supplier none beyond providing outputs related to this Transaction

2.1.5.1 Required Outputs

This section identifies the required outputs that must be produced at the end of the Transaction in order for the Transaction to be deemed successfully completed. This includes the format and usage of the required output.



Table 2.1.5.1-1 Required Outputs

Required Output	Format/Usage
Patient Demographics Consumer has no specific outputs related to this Transaction	N/A
Patient Demographics Supplier outputs a Patient Demographics Response message containing, where applicable, demographic data for one or more patients; where no list of applicable patient demographics data are found, indicators in the message as to the reason no data were provided	See Section 2.1.6 for message requirements

2.1.6 DATA FLOWS

This section describes the basic data flows that are supported by this Transaction. It also describes the format of the data, the data sources and the relevant actors involved in the successful flow of data for the Transaction. Any prevailing pre and post conditions are identified, as well as the purpose of each data post-condition associated with each Transaction. Any data that need to be made available to particular actors are highlighted, as well as the conditions and processes that will use the data to achieve the stated post-conditions.

Consistent with the process flows discussed in Section 2.1, there are two data flows for the IHE PDQ Integration Profile transaction:

- Query to obtain Patient Demographics data from Patient Demographics Consumer to Patient Demographics Supplier
- Response to a query to return Patient Demographics data from Patient Demographics Supplier to Patient Demographics Consumer

Details of these two data flows are contained in the two subsections below.

To better understand the data flows described in the two subsections below, the following definitions are applicable:

- Patient Demographics Supplier: See explanation in Section 2.1.2, Technical Actors
- Patient Information Source: A collection of patient demographic data from one or more Patient ID Domains
- Patient ID Domain: A collection of patient demographic data from a single Assigning Authority

2.1.6.1 Query – Consumer to Supplier

The query portion of the IHE Patient Demographics Query Transaction (QBP^Q22), is described in IHE-ITI TF-2, Section 3.21.4.1.2. It consists of three segments: MSH, QPD and RCP.

Use of the QPD segment is described in IHE-ITI TF-2, Section 3.21.4.1.2.2. HITSP Constraints on this usage are:



- Data element QPD-2 must contain a unique value from the Patient Demographics Consumer that identifies each specific query message; an incrementing number may be used if desired
- Data element QPD-3.4.2 must be an ISO object identifier (OID) and QPD-3.4.3 must contain "ISO"
- Data element QPD-3.4.2 must be an ISO object identifier (OID) and QPD-8.4.3 must contain "ISO" and
- See IHE-ITI TF-2 Table 3.21-3, for required values of QPD-3.1

Note: For an example of encoding a patient ID using an OID, see IHE ITI TF-2 Version 3.0 Table 4.1-3 (see CX data type). Management of OIDs is illustrated in the IHE ITI TF-2, Appendix B.

2.1.6.2 Response – Supplier to Consumer

The Patient Demographics response portion of the IHE Patient Demographics Query Transaction is described in IHE-ITI TF-2, Section 3.21.4.2.2. For HITSP, it consists of up to six segments: MSH, MSA, ERR, QAK, QPD, and PID.

Use of the QPD segment is described in IHE-ITI TF-2, Section 3.21.4.2.2.4. A HITSP Constraint on this usage is that data element QPD-3.4.2 must be an ISO object identifier (OID) and QPD-3.4.3 must contain "ISO".

Use of the PID segment is described in IHE-ITI TF-2, Section 3.21.4.2.2.5. The Table 2.1.6.2-1 shows additional HITSP Constraints on this usage.

Table 2.1.6.2-1 HITSP Additional PID Segment Constraints

HL7 Segment - PID - Patient Identification							
SEQ	LEN	DT	OPT	RPT	TBL	Data Element Name	Description / Comments
1	4	SI	R			Set ID - PID	A monotonically incrementing number starting with 1
3	250	CX	R	Y		Patient Identifier List	
3.1		ST	R			ID Number	
3.4		HD	R			ID Number Assigning Authority	
3.4.2		ST	R			Assigning Authority's Universal ID	Shall only contain an ISO Object Identifier (OID)
3.4.3		ID	R			Assigning Authority's Universal ID Type	Shall only contain "ISO" Note: "ISO" is the code that means "OID"
5	250	XPN	R	Y		Patient Name	
5.1		FN	R			Family Name	
5.1.1		ST	R			Surname	
5.2		ST	RE			Given Name / First Name	
5.3		ST	RE			Middle Names	If more than one middle name is available, all available middle names shall be concatenated with separating spaces in this component



HL7 Segment - PID - Patient Identification							
SEQ	LEN	DT	OPT	RPT	TBL	Data Element Name	Description / Comments
5.4		ST	RE			Name Suffix	
5.5		ST	RE			Name Prefix / Title	
5.7		ID	R		0200	Name Type Code	
6	250	XP	RE	Y		Mother's Maiden Name	
6.1		FN	RE			Family Name	
6.1.1		ST	RE			Surname	
7	26	TS	RE			Date/Time of Birth	
8	1	IS	RE		0001	Administrative Sex	
10	250	CE	O	Y		Race	
10.1		ST	O		0005	Identifier #1	
10.2		ST	O		0005	Text #1	
10.3		ID	O			Name of Coding System #1	HL70005
10.4		ST	O			Identifier #2	
10.5		ST	O			Text #2	
10.6		ID	O				
Values for components 10.4 and 10.5 shall be selected from the U. S. Government Race and Ethnicity Codes: ³ available from Health Information and Surveillance Systems Board, Centers for Disease Control and Prevention, Mailstop C08, 1600 Clifton Road, NE, Atlanta, Georgia 30333							
11	250	XAD	O	Y		Patient Address	
11.1		SAD	O			Street Address	
11.1.1		ST	O			Street or Mailing Address	Though not required by HL7 standard, use of national postal service standardized values is strongly recommended
11.1.2		ST	O			Street Name	
11.1.3		ST	O			Dwelling Number	
11.2		ST	O			Other Designation	May be used for second line of Street Address
11.3		ST	O			City	Though not required by HL7 standard, use of national postal service standardized values is strongly recommended
11.4		ST	O			State / Province	
11.5		ST	O			ZIP / Postal Code	
11.6		ST	O			Country	
Though not required by HL7 standard, use of the International Standards Organization Codes for Representation of Names and Countries, ISO-3166, is strongly recommended Available from American National Standards Institute, 25 West 43 rd Street, Fourth Floor, New York, NY 10036							
11.7		ID	O		0190	Address Type	
13	250	XTN	O	Y		Phone Number - Home	If repetition occurs, then first occurrence shall be the primary telephone number used for patient contact. ⁴

³ HL7 version 2.5 §3.4.2.10



HL7 Segment - PID - Patient Identification							
SEQ	LEN	DT	OPT	RPT	TBL	Data Element Name	Description / Comments
13.5		NM	O			Country Code	Though not required by HL7 standard, use of international and national standardized values is strongly recommended. For Country Code, if no value is present, 1 assumed for United States and Canada
13.6		NM	O			Area / City Code	
13.7		NM	O			Local Number	
13.8		NM	O			Extension	
13.9		ST	O			Any other text	
18	250	CX	RE			Patient Account Number	
22	250	CE	O	Y		Ethnic Group	
22.1		ST	O		0189	Identifier #1	
22.2		ST	O		0189	Text #1	
22.3		ID	O			Name of Coding System #1	HL70189
22.4		ST	O			Identifier #2	
22.5		ST	O			Text #2	
22.6		ID	O				
Values for components 22.4 and 22.5 shall be selected from the U. S. Government Race and Ethnicity Codes: ⁵ Available from Health Information and Surveillance Systems Board, Centers for Disease Control and Prevention, Mailstop C08, 1600 Clifton Road, NE, Atlanta, Georgia 30333							

2.2 LIST OF CONSTRUCTS

The following list of constructs and their definitions are used by the Transaction specification.

Table 2.2-1 List of Constructs

Construct Name	Technical Actors	Description	Event/Action Code	Content
No applicable constructs				

2.2.1 CONSTRUCT DEPENDENCIES

The following table shows a list of Components with their existing dependencies. Dependencies usually exist when there are some additional prerequisites for a specific construct:

Table 2.2.1-1 Construct Dependencies

Construct	Depends On (Name of Component that it depends on)	Dependency Type (Pre-condition, post-condition, general)	Purpose (Reason for this dependency)
No applicable dependencies			

⁴ HL7 version 2.5 §3.4.2.13

⁵ HL7 version 2.5 §3.4.2.22



2.2.2 ADDITIONAL CONSTRAINTS ON REQUIRED CONSTRUCTS

This section describes the constraints that further limit the constructs that are used by this Transaction.

Table 2.2.2-1 Additional Constraints on Required Constructs

Data Element	Construct	Constraint	Constraint Type (Pre-condition, post-condition, general)	Purpose (Reason for this constraint)
No applicable constraints				

2.3 LIST OF STANDARDS

It is important to understand that the standards selected here are within the context of the specific Use Case requirements and do not necessarily reflect selection in other contexts. The following standards are used to implement this Transaction specification:

Table 2.3-1 List of Standards

Standard	Description
Health Level Seven (HL7) Version 2.5/2.5.1 ⁶	The HL7 Version 2.5 and 2.5.1 Messaging Standard is an application protocol for electronic data exchange in healthcare. It and prior versions have widespread use in the U.S. and internationally. Both message formats and value sets / code tables (e.g., diagnosis type, gender, patient class, result status, specimen collection method, abnormal flags, observation result status codes interpretation, timestamp format) are contained in the standard. Of particular focus for HITSP Interoperability Specifications are message formats described in Chapters 2, 3, 5, and 7 including patient demographic (ADT) and lab result reporting. These are also used within composite standards from IHE for Patient Identity Cross-Referencing and Feed (PIX), Patient Demographics Query (PDQ), and Acknowledgements. For more information visit www.hl7.org .
Integrating the Healthcare Enterprise (IHE) IT Infrastructure Technical Framework (ITI-TF) Revision 4.0	The IHE IT Infrastructure Technical Framework defines specific implementations of established standards to achieve integration goals that promote appropriate sharing of health information to support optimal patient care. IHE Integration Profiles, offer a common language that healthcare professionals and vendors may use in communicating requirements for the integration of products. The current version of the ITI-TF, rev. 4.0 for Final Text, specifies the IHE transactions defined and implemented as of August 22, 2007. The latest version of the IHE Technical Framework is available at www.ihe.net .

⁶ HITSP references HL7 2.5.1 messaging for lab results reporting, and HL7 2.5 for other messages. Future maintenance work will move toward referencing a single HL7 version across HITSP documents.



3.0 TECHNICAL IMPLEMENTATION

3.1 CONFORMANCE

This section describes the conformance criteria, which are objective statements of requirements that can be used to determine if a specific behavior, function, interface or code set has been implemented correctly.

3.1.1 CONFORMANCE CRITERIA

In order to claim conformance to this construct specification, an implementation must satisfy all the requirements and mandatory statements listed in this specification, the associated HITSP Interoperability Specification, its associated construct specifications, as well as conformance criteria from the selected base and composite standards. A conformant system must also be constrained as specified in Table 2.1.1-1 and implement all of the required actors from Table 2.1.2-1 within the scope, subset or implementation option that is selected from the associated Interoperability Specification.

Claims of conformance may only be made for the overall HITSP Interoperability Specification with which this construct is associated.

3.1.2 CONFORMANCE SCOPING, SUBSETTING AND OPTIONS

A HITSP Interoperability Specification must be implemented in its entirety for an implementation to claim conformance to the specification. HITSP may define the permissibility for actor scoping, subsetting or implementation options by which the specification may be implemented in a limited manner. Such scoping, subsetting and options may extend to associated constructs, such as this construct. This construct must implement all requirements within the selected scope, subset or options as defined in the associated Interoperability Specification to claim conformance.



4.0 APPENDIX

The following sections include relevant materials referenced throughout this document.

No additional information at this time.



5.0 CHANGE HISTORY

The following sections provide the history of changes made to this document.

5.1 MAY 11, 2007

This document is now Released for Implementation.

5.2 MARCH 19, 2008

This document has been updated to include the HITSP Security and Privacy constructs and has been updated to reflect the new template.

The following changes have been made to the construct:

- Updated 2.3-1 “List of Standards:” replaced ITI-TFv2 Revision 3.0 with IHE-ITI-TFv2 Revision 4.0
- Reconciled IHE-ITI-TFv2 Revision 3.0 from earlier edition to IHE-ITI-TFv2 Revision 4.0

5.3 MARCH 27, 2008

Upon approval by the HITSP Panel on March 27, 2008, this document is now Released for Implementation.

