



STATE OF NEW YORK DEPARTMENT OF HEALTH

433 River Street, Suite 1009 Troy, New York 12180-2299

Richard F. Daines, M.D.
Commissioner

James W. Clyne, Jr.
Executive Deputy Commissioner

November 19, 2009

Dear Colleague:

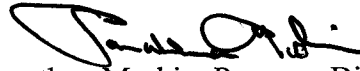
The re-emergence of the Novel H1N1 Influenza has been a challenge for the New York State Department of Health (NYSDOH) in meeting the needs in assisting Community Health Centers (CHCs) throughout New York State. The main vehicle the NYSDOH utilizes to contact CHC's is the Health Commerce System, more commonly known to you as the HPN. Title 10NYCRR 400.10 requires that an operator of a facility obtain from the Department's Health Provider Network (HPN), HPN accounts for each facility that you operate and ensure that sufficient, knowledgeable staff will be available to and shall maintain accounts. The recent NYSDOH Critical Asset Survey that many of you submitted revealed that many Center's did not have a sufficient number of staff assigned roles to the HPN, including HPN Coordinators

Unfortunately, due to name, address, attrition, and other changes of health centers the information within the HPN is not always accurate. We are requesting that you provide us with the following information, which once we receive, will be entered onto the HPN on your behalf. The information requested is:

1. The Primary Center Name as written on your article 28 license, address, that includes county, main phone number, email address, Primary Facility Identifier number (PFI) of your **Primary FQHC or Community Health Center site**. Please also include the name of your **CEO/Administrator**, and **HPN Coordinator** email addresses, and direct phone numbers.
2. The Center Name as written on your article 28 license, address, main phone number, email address and PFI of **all** of your FQHC satellite sites that include full service sites, school based health centers and specialty centers. Please also include the name of your **CEO/Administrator**, and **HPN Coordinators** email addresses, and direct phone numbers.

The information you provide the NYSDOH will help us assist you now and in the future. Please email this requested information to my attention within 14 days of receipt of this letter. My email address is JXM12@health.state.ny.us and I may be reached at 518-408-5163, if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jonathan Maskin', written in a cursive style.

Jonathan Maskin, Program Director
Office of Health Emergency Preparedness