

SERVICE ADDENDUM - ADMISSION/DISCHARGE/TRANSFER (A/D/T)

Project Name and Effective Date	Admission/Discharge/Transfer (A/D/T) Reports, including Patient Demographics. Effective:
Data Submitted for Exchange	Facility and practice A/D/T reports including initial and updates to Patient Demographic data.
Permitted Uses	Health Care Provider and Authorized Users may access the Exchange to obtain Data for the Treatment (as defined in this Addendum) of Health Care Provider's Patients. If Health Care Provider includes Data in its Medical Record, Health Care Provider and Authorized Users may use Data only for those purposes permitted by law. Subject to certain limitations, and under certain circumstances, requesting disclosure of and using health information for law enforcement, disaster relief, research (including supporting grant administration and evaluation), improving HIE operations, and public health purposes, may also be permissible).
Authorized Users	Authorized Users are employees, independent contractors or agents of a Health Care Provider who (i) have been authenticated and given access in compliance with HIE Policies and Standards by the Participant; (ii) accepts responsibility for compliance with the terms of the Authorized User Agreement, and (iii) require access to Data to facilitate the provision of treatment by the Health Care Provider to Patients.
Specific Safeguards and Privacy Requirements	All Participants shall adhere to the HIE Policies and Standards available at http://nchiin.org .
Licensed Software	N/A
Certification Requirements	N/A
Definitions	<ol style="list-style-type: none"> 1. "A/D/T Reports" means information on patient admission, discharge, or transfer, relating to those events and generally including the date, time, and a brief description of the reason for the event and/or any updates to the patient demographic information in clinical facilities and ambulatory settings. 2. "Treatment" means the provision, coordination or management of health care services by one or more Health Care Providers, as defined by HIPAA Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. Part 164, Subpart E. 3. "Payment" encompasses the various activities of health care providers to obtain payment or be reimbursed for their services and of a health plan to obtain premiums, to fulfill their coverage responsibilities and provide benefits under the plan, and to obtain or provide reimbursement for the provision of health care Privacy Rule at 45 CFR 164.501. 4. "Health Care Operations" are certain administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and to support the core functions of treatment and payment. These activities, which are limited to the activities listed in the definition of "health care operations" at 45 CFR 164.501. 5. "Medical Record" means all communications related to a Patient's physical or mental health or condition that are recorded in any form or medium and that are maintained by the Health Care Provider for purposes of Patient diagnoses or Treatment, including medical records that are prepared by the Health Care Provider or other providers, as defined by Health & Safety Code § 123105(14)(d).

**PARTICIPANT
EXCHANGE**

By: _____

Its: _____

Date: _____

HEALTH INFORMATION

By:

Martin Love

Its: Chief Executive Officer

Date: