

Service Addendum – Facility and Ambulatory Alerts, DHHS Program Information Exchange

Project Name and Effective Date	Facility and Ambulatory Alerts, DHHS Program Information Exchange. Effective:
Data Submitted for Exchange	Facility A/D/T data for Inpatient and Emergency Department admission (Facility Alerts): Patient name Listed community ambulatory provider Admit date and time Discharge date and time DHHS Program data Current HUD Universal Data Elements (UDE) from HMIS, client name, program name, client case manager name, case manager contact information.
Data Provider(s)	Hospitals – A/D/T data DHHS – HMIS (DHHS Program Information)
Data Recipient(s)	DHHS client/patient support staff Hospital Emergency Department Staff, Care Coordination Staff, Ambulatory Provider
Exchange Conditions	Exchange will receive and store periodic client UDE updates from HMIS (DHHS), monitor facility A/D/T stream. DHS Alert - Exchange will monitor hospital A/D/T data and notify (Alert) DHS client support staff under the following conditions: (1) Hospital inpatient admission matching patient demographics from UDE update data (2) Hospital ED admission matching patient demographics from UDE update data. Hospital Alert – Exchange will monitor hospital A/D/T and notify (Alert) hospital inpatient and ED staff when they admit a patient matching the patient demographics from UDE updates data.
Permitted Uses	Health Care Providers and DHHS client support staff and their Authorized Users may use the data for Treatment and client support services as consistent with their licensure, certification and employment.
Authorized Users	Authorized Users are employees, independent contractors or agents of a Health Care Provider or DHS who (i) have been authenticated and given access in compliance with NCHIN 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 and DHHS client support staff to clients/patients.
Specific Safeguards and Privacy Requirements	All Participants shall adhere to the HIE Policies and Standards available at http://northcoasthin.org .
Licensed Software	N.A.
Certification Requirements	N.A.
Definitions for Project Addendum	1. “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

	<p>Identifiable Health Information, 45 C.F.R. Part 164, Subpart E.</p> <p>2. "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.</p>
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PARTICIPANT

HEALTH INFORMATION EXCHANGE

By: _____

By: _____

Martin Love

Its: _____

Its: Chief Executive Officer

Date: _____

Date: _____