

Service Addendum – Facility Emergency Department Alerts

Project Name and Effective Date	Facility Emergency Department (ED) Alerts. Effective:
Data Submitted for Exchange	Facility A/D/T data for Inpatient and Emergency Department admission (Facility Alerts): Patient name Admit date and time NCHIIN Data Current repository clinical data
Data Provider(s)	Humboldt County Hospitals – A/D/T data, documents, clinical laboratory reports. Clinical Laboratories – clinical laboratory reports. Ambulatory Practices – patient’s provider’s name.
Data Recipient(s)	Hospital Emergency Department Staff
Exchange Conditions	Exchange will monitor hospital A/D/T data and notify (Alert) ED staff under the following conditions: (1) Hospital ED admission matching patient demographics for existing NCHIIN repository data.
Permitted Uses	ED staff and their Authorized Users may use the data for Treatment.
Authorized Users	Authorized Users are employees, independent contractors or agents of a Hospital facility, who (i) have been authenticated and given access in compliance with NCHIIN 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
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	<ol style="list-style-type: none"> 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 Identifiable Health Information, 45 C.F.R. Part 164, Subpart E. 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.

PARTICIPANT

By: _____

Its: _____

Date: _____

HEALTH INFORMATION EXCHANGE

By: _____
 Martin Love

Its: Chief Executive Officer

Date: _____