

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

**PLEASE EMAIL COMPLETED AND SIGNED FORM TO SHP: FULFILLMENT@SHpdata.com
QUESTIONS? CALL CONTRACTS: (805) 963-9446**

THIS AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION (the "Authorization") is made and entered by and between **Strategic Healthcare Programs, L.L.C.**, ("SHP") and _____, (the "SHP Provider") and is effective on the date last set forth below (the "Effective Date").

WHEREAS, the SHP PROVIDER is a home infusion provider that provides home infusion therapy services to patients;

WHEREAS, SHP and the SHP PROVIDER are parties to a Client Agreement for SHP Data Services and a Business Associate Agreement pursuant to which, among other things, SHP PROVIDER provides SHP with financial, demographic, utilization, and/or clinical event agency and patient level data and SHP in turn provides to the SHP PROVIDER home infusion data analytics, including, without limitation, benchmarking and other data, in order to improve clinical outcomes for patients of the SHP PROVIDER (the "SHP Data Services");

WHEREAS, The National Home Infusion Association (NHIA) is a not-for-profit trade association that represents and advances the interests of home infusion therapy providers and suppliers including SHP Provider and has instituted an industry-wide data initiative in furtherance of establishing national quality standards to advance the infusion industry (the, "Data Initiative");

WHEREAS, National Home Infusion Foundation ("NHIF") is not-for-profit, 501(c)(3) established by the National Home Infusion Association (NHIA) with a mission to advance the field of home infusion through research, leadership and education programs;

WHEREAS, NHIA and SHP entered into a Memorandum of Agreement in furtherance of the Data Initiative pursuant to which, SHP agreed to provide NHIA with aggregated de-identified business and clinical event data of SHP Providers, subject to SHP Provider written authorization; and

WHEREAS, SHP PROVIDER desires that SHP provide NHIF, on behalf of NHIA, with aggregated de-identified business and clinical event data on behalf of SHP PROVIDER listed below ("SHP PROVIDER Data") in furtherance of improving quality of care for patients and the health care operations of SHP PROVIDER.

NOW, THEREFORE, intending to be legally bound, SHP and the SHP PROVIDER agree as follows:

1. The SHP PROVIDER hereby authorizes SHP to provide NHIF, on behalf of NHIA, with aggregated de-identified business and clinical event data on behalf of the SHP PROVIDER (to include any and all branches with the same CCN number) listed below pursuant to C.F.R. Sections 164.501 and 164.506 in furtherance of improving quality of care for patients and the health care operations of SHP PROVIDER. SHP PROVIDER may revoke said authorization at any time by providing written notice to SHP.

To be completed by SHP PROVIDER Representative

SHP Provider Name	Certification Number (CCN)	Branch ID (If Applicable)	State	SHP Provider ID (SHP Internal Use Only)
<i>If more rows are needed please attach additional sheet with required information.</i>				

2. The SHP Provider acknowledges and agrees that the disclosure requested by the SHP PROVIDER pursuant to this Authorization is permitted by the provisions of 45 CFR 164.506(c) and that SHP shall have no liability to the SHP PROVIDER in connection with such disclosure and use.

3. The SHP PROVIDER shall indemnify, hold harmless and release SHP, its officers, directors, agents and employees from and against any and all claims, liabilities, damages, actions, costs and expenses (including, without limitation, reasonable attorneys' fees, expert fees and court costs) of any kind or nature in connection with any suit, demand or other action by a third party arising from or related to: (i) the disclosure made by SHP to NHIF and (ii) the use of the SHP PROVIDER /SHP Data by NHIF in each case pursuant to this Authorization.

IN WITNESS WHEREOF, the Parties have caused their duly authorized representative to execute and deliver this Agreement on the Effective Date.

Authorized Signature
SHP PROVIDER Name
Address
City, State Zip

Date

SHP Signature
Strategic Healthcare Programs, L.L.C.
510 Castillo Street, 2nd Floor
Santa Barbara, CA 93101

Date

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