

ATTACHMENT A4
WEST VIRGINIA HEALTH INFORMATION NETWORK
WV E-DIRECTIVE REGISTRY SUBSCRIPTION AGREEMENT

Overview

The West Virginia Health Information Network (WVHIN) offers health care providers access to the WV e-Directive Registry. This registry, hosted by the WV Center for End of Life Care, is the most comprehensive online all-inclusive advance directive and medical order registry in the United States. Providers may choose to access the WV e-Directive Registry through the WVHIN's Health Information Exchange (HIE) or as a stand-alone service. With the permission of patients or their legal agents, this electronic Registry houses and makes available to treating health care providers West Virginians' advance directive forms, Do Not Resuscitate (DNR) cards, and Physician Orders for Scope of Treatment (POST) forms. The Registry makes patients' treatment wishes known to their physicians so that they can be respected.

This form is used by health care providers to register for access to the repository of advance directives maintained by the WV e-Directive Registry and made available on-line by the WVHIN. The identity of all participants will be validated by a representative of the WVHIN or the Designated Contact/Site Administrator of the Participating Organization. Complete this Agreement and return it to the WVHIN or its representative to request your organization's access to the e-Directive Registry.

Terms and Conditions

By signing below, your healthcare organization, its officers, directors and employees, agree to the following terms and conditions:

1. All information provided on this form is true and accurate as of the date of execution. Business and professional licenses must be kept current in order to remain an e-Directive enrollee.
2. If any of the information above changes, the WVHIN will be notified as soon as possible by e-mail to info@wvhin.org or by phone 304-558-4503.
3. A separate WV e-Directive Registry account maintained by your organization must be established for each individual employee requiring access. WV e-Directive accounts may only be established for individual employees of your organization authorized to access, use, or transmit PHI in order to perform their job duties.
4. Organizations may choose to manage their own e-Directive Registry accounts. The Designated Contact will also be the e-Directive Registry Administrator responsible for maintaining the organization's individual e-Directive Registry accounts. If organizations are requesting 10 or more e-Directive Registry accounts, the Designated Contact/e-Directive Registry Administrator will be responsible for controlling access to the organization's e-Directive Registry accounts. Access to e-Directive Registry accounts established at the organizational level must be tightly controlled and monitored. The WV e-Directive Registry staff or Representative will provide training.
5. Access to the WV e-Directive Registry established at the individual employee level must be tightly controlled and monitored. Your organization must identify the

individual employees designated with access to the WV e-Directive Registry.

6. Each individual employee for whom a WV e-Directive Registry account is established shall be responsible for all activities associated with the account assigned to him or her.
7. Your organization must delete access to WV e-Directive Registry accounts established for individual employees no longer employed by your organization within one business day of the employee's last day at your organization. If an employee is terminated due to less than favorable circumstances, access to the account must be deleted immediately.
8. A WV e-Directive Registry account is to be used by a designated individual employee to access and confirm a Patient's desires for end-of-life care, including advance directive forms, Physicians Orders for Scope of Treatment (POST) forms, and Do Not Resuscitate cards.
9. Your organization will encourage best practices for patient privacy protections related to the use of each WV e-Directive Registry account established for individual employees of your organization. In doing so, your organization will vigorously enforce the Health Insurance Portability and Accountability Act ("HIPAA") and the Health Information Technology for Economic and Clinical Health Act ("HITECH") Privacy and Security Rules, including, with limitation, maintaining the confidentiality and security of PHI; implement administrative, technical, and physical safeguards to prevent unauthorized access, use, and transmission of PHI; only access, use, or disclose PHI as authorized by the patient in a treatment relationship; mitigate any risks associated with an unauthorized access, use, or disclosure of PHI; require any subcontractors that receive, use, or have access to PHI to comply with the Privacy and Security Rules; and disclose only the minimum PHI necessary for the purpose for which it is disclosed.
10. In accordance with WVHIN Policies, your organization will promptly notify WVHIN if there is a breach, as defined under either state or federal law that may in any way affect your WV e-Directive Registry account.
11. If an individual Opts-Out of the WVHIN's Health Information Exchange, no PHI pertaining to that individual may be shared via the Health Information Exchange. This includes information contained in the WV e-Directive Registry.
12. Your organization will execute a BAA with the WVHIN. (Attachment C)
13. Your organization will conform to Security Best Practices. (Attachment D)
14. The WVHIN reserves the right to deny or remove access to the WV e-Directive Registry for any violation of the terms of this Agreement.
15. There will be no initial charge to participate in WV e-Directive Registry services. WVHIN reserves the right to begin charging a fee for use of the service upon 180 day written notice.
16. The WVHIN or the WV e-Directive Registry Subscriber may terminate this Agreement at any time without cause upon written notice to the other.

Member Organization Information

Required Documentation:

- Current copy of business license or Secretary of State verification of active business
- Current copy of professional licenses (for individual accounts)
- Current government-issued photo ID of Authorized Representative and Designated Contact

Organization Name (legal name) _____

Organization Mailing Address _____

City _____ State _____ Zip Code _____

Organization Type _____ NPI Number _____
(Hospital, Designated Care, Specialty, FQHC, Health Department, Long Term Care, Other – please specify)

Authorized Representative Name _____ Title _____

Authorized Representative Email _____

Business Phone Number _____ Fax Number _____

I hereby certify that my organization provides healthcare services to WV patients and I am authorized to act on behalf of the organization to participate in the WVDirect trusted healthcare community, to sign this Agreement, and that the information contained herein is true and accurate.

Signature _____ Date _____
(sign in the presence of a Notary or WVHIN authorized representative)

Identity of Authorized Organization Representative verified by Notary Public (not required if identity has been verified by a WVHIN representative)

I hereby certify on the date indicated below, the above-named Representative personally appeared before me, signed the document in my presence and presented a current government-issued photo ID as proof of his/her identity.

State of _____

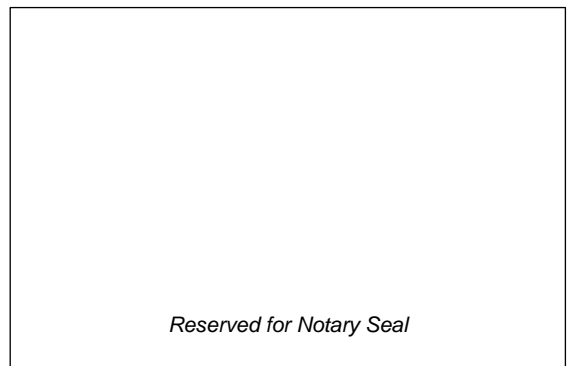
County of _____

Signed and attested before me on _____

Photo ID type _____

Expires/Issued Date _____

My commission expires _____



Notary Public Signature: _____

Identity of Authorized Organization Representative personally verified by WVHIN Representative (not required if identity has been verified by a Notary Public)

Photo ID type _____ Expires/Issued Date _____

WVHIN Representative Signature _____

Designated Contact - The Subscribing organization must identify a Designated Contact to whom all WVHIN communications may be addressed.

(Do not complete if the Authorized Representative will be the Designated Contact)

Please check if your organization will also manage its own e-Directive Registry accounts and Designated Contact will act as e-Directive Registry Administrator and will be responsible for maintaining the organization’s individual e-Directive Registry accounts.

(Required if 10 or more addresses will be assigned per organization)

Designated Contact Name _____ Title _____

Designated Contact Email _____

Designated Contact Phone Number _____ Fax Number _____

Signature _____ Date _____

(sign in the presence of a Notary or WVHIN authorized representative)

Identity of Designated Contact verified by Notary Public *(not required if identity has been verified by a WVHIN representative)*

I hereby certify on the date indicated below, the above-named Representative personally appeared before me, signed the document in my presence and presented a current government-issued photo ID as proof of his/her identity.

State of _____

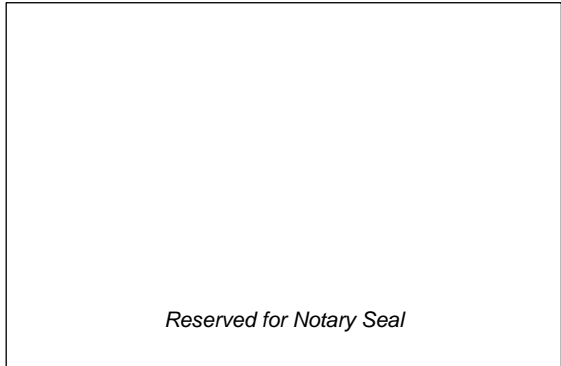
County of _____

Signed and attested before me on _____

Photo ID type _____

Expires/Issued Date _____

My commission expires _____



Notary Public Signature: _____

Identity of Designated Contact personally verified by WVHIN Representative *(not required if identity has been verified by a Notary Public)*

Photo ID type _____ Expires/Issued Date _____

WVHIN Representative Signature _____

Return completed Subscription Agreement to:

WVHIN
100 Dee Drive
Charleston, WV 25311

OR

info@wvhin.org

OR

Fax: 304.558.2734

For questions regarding this form, please contact the WVHIN at 304.558.4503 or info@wvhin.org.