

**ATTACHMENT E / HEALTH CARE PROVIDER  
CARE MANAGEMENT ORGANIZATION AFFILIATION ADDENDUM**

1. Participant is a member of the Care Management Organization(s) listed below:

(1.) \_\_\_\_\_

(2.) \_\_\_\_\_

(3.) \_\_\_\_\_

(the "Associate(s)"). Participant is working with Associate(s) to implement a range of care coordination and quality improvement interventions, with the aim of enhancing patient outcomes and provider efficiency. Participant is choosing to route data available from the WVHIN's Notification service under its Participation Agreement with the WVHIN to Associate and allow access to the WVHIN's Query-Retrieve functionality for Patients included on the most recent Patient Panel submitted by the Care Management Organization.

2. Participant will require Associate and its Authorized Users to only access and use the WVHIN's HIE for a Permissible Purpose. Participant affirms that all necessary legal documents, including a Business Associate Agreement, are executed and in good standing between it and Associate; further, required privacy, security, and audit policies and procedures for Participant and Associate meet all applicable standards under the WVHIN's Participation Agreement and applicable law.

3. The eligibility file/Patient panel of Participant enrolled by Associate shall be updated no less frequently than every ninety (90) days by either participant or associate.

4. Participant shall remain responsible for implementing the Consent/Opt-Out process outlined in Attachment A.

5. Any patient who has Opted-Out of the WVHIN's HIE shall be ineligible for Encounter Notification Services and Query-Retrieve functionality.

6. Participant has executed the attached WVHIN Participation Agreement and approves the routing of Participant's clinical data and use of the WVHIN's services by Associate in accordance with the Participation Agreement, this Attachment E, and the WVHIN's Policies and Procedures. Participant affirms it will maintain an active Business Associate Agreement with Associate and acknowledges that it is solely the responsibility of Participant to communicate any change of status with respect to its relationship with Associate. Participant will notify the WVHIN immediately of any change in status.

[signature page follows]

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Participating Organization: \_\_\_\_\_  
(Legal Name)

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Return completed form to:**

WVHIN  
101 Washington Street East, Ste. 124    OR    [info@wvhin.org](mailto:info@wvhin.org)    OR    Fax: 681.265.3898  
Charleston, WV 25301

Questions should be directed to the WVHIN at 304.558.4503 or [info@wvhin.org](mailto:info@wvhin.org)