

Yes!

My hospital/system wants to subscribe to the IHA Physician Service Reports. I understand that the annual subscription fees are as outlined below.

The annual service is calculated on a volume scale, based on the total number of physician identification numbers submitted to the IHA, the scale is listed below. To obtain the number of physicians in the IHA databases for your facility, contact Chatty Brown at <u>cbrown@ihaconnect.org</u> or 317/ 423-7728.

I am enclosing our check for the first year, payable to the Indiana Hospital Association, for:

# of Physicians	Price	Che <u>ck O</u> ne
1-99	\$200	
100-199	\$400	
200-399	\$600	
>400	\$800	

I understand IHA will bill me annually for subsequent years.

Ordering Information (Please print and complete all needed information)		
Purchase order #	Ship to: () Same as ordered () Other, Specify:	
Ordered by:	Name:	
Hospital/System:	Hospital/System:	
Department:	Address:	
Phone number:		

Here are the physician reports we need:

Time Period Requested: (beginning with January 2008)		
() Annual	() Quarter	() Month
Start Date		End Date
Surgeon Report T	ype:	
() Inpatient () Outpatient () Both		
Output File Type:		
() Excel ()	PDF () Both	
	ill be filled once IHA receive ect.org/Data/PhysicianServ	es your import file. If you need the file specifications, please visit riceReports/default.aspx.
Return this order form with your check and the signed IHA Policy for Physician-Specific Information to:		
Chetty Brown		

Chatty Brown Data Services Department Indiana Hospital Association One American Square, Suite 1900 Indianapolis, IN 46282

INDIANA HOSPITAL ASSOCIATION POLICY FOR PHYSICIAN-SPECIFIC INFORMATION

This Policy of the Indiana Hospital Association ("IHA") applies to the use of physician-specific information distributed by the IHA that is based on data provided to the IHA by IHA member hospitals:

1. Ownership of Data Provided to the IHA

Data provided to the IHA that is used by the IHA to produce physician-specific information distributed by the IHA shall remain the exclusive property of the IHA member hospital that provided the data to the IHA.

2. IHA Member Hospital's Own Data

This Policy does not govern an IHA member hospital's use of its own data that it provides to the IHA.

3. Accuracy & Completeness of Data and Physician-Specific Information

The IHA makes no guarantees regarding: (a) the accuracy or completeness of data provided to the IHA by its member hospitals; or (b) the accuracy or completeness of the physician-specific information distributed by the IHA.

4. Restricted Use of Physician-Specific Information Distributed by the IHA

Physician-specific information may be distributed by the IHA to any member hospital upon the member hospital's written request. Such information may only be used for purposes of quality, credentialing, or privileging activities pertaining to the requesting hospital and/or any off campus health care sites operated by the requesting hospital.

Upon the IHA's distribution of the physician-specific information to the requesting member hospital, such information may only be used by the requesting hospital and, as determined by the requesting hospital, hospital committees (including medical staff committees), contracted vendors, and corporate offices affiliated with the hospital, that are involved with quality, credentialing, or privileging activities pertaining to the requesting hospital and/or any off campus health care sites operated by the requesting hospital.

Without the prior written consent of the IHA, any other use of physician-specific information distributed by the IHA to a member hospital is prohibited. The requesting member hospital and, as applicable, hospital committees, contracted vendors, and corporate offices, shall take reasonable measures to safeguard the information from unauthorized use.

5. Make Information and Data Available to the Physician

Before completing any quality, credentialing and/or privileging activities that involve the use of physicianspecific information distributed by the IHA, the requesting member hospital is encouraged to make such information available to the physician for purposes of obtaining the physician's opinion about the information's accuracy and/or completeness. In the event the physician questions the information's accuracy and/or completeness, the requesting hospital is encouraged to ask the physician to seek clarification with regard to the information by contacting the hospital(s) that provided the data upon which the physician-specific information was based.

Name

Hospital

Signature

Date