

Attachment B

Network Operating Policies Specific to the Health Information Exchange Services and Health Information Exchange Direct Services

I. Universal Patient Authorization Form.

- **Form Used.** Subscribing Participant agrees to review the Florida Form and determine the equivalency of forms in use by Subscribing Participant and Participant Users to that of the Florida Form. Subscribing Participant represents and warrants to SHI and the other Subscribing Participants that, except as otherwise permitted by Applicable Law, Subscribing Participant shall access Health Data only for those Individuals who have signed an Authorization Form. The Subscribing Participants agree that SHI and Vendor have no obligation to verify the existence or legal sufficiency of any Authorization Form used by a Subscribing Participant or signed by an Individual.

- **Policy.** Subscribing Participant agrees to require that its Participant Users obtain proper patient (or legal representative) signature on the Authorization Form prior to issuing a request to the Network's Health Information Exchange Services for Health Data on such Individual. As an exception to the foregoing, a Participant User may issue the request for and have access to the patient's Health Data without written patient authorization or consent in the event of a medical emergency when the patient or his/her legal representative is unable or unavailable to authorize access and where the Participant User making the request is a health care provider who has a need for the information about the patient for the purpose of treating a condition which poses an immediate threat to the health of any individual, and which requires immediate medical intervention. In the event of an emergency access to the patient's Health Data, written documentation in the patient's record immediately following the disclosure shall be made by the requesting Participant User and must include the name of the medical personnel to whom disclosure was made and his/her affiliation with any health care facility, the name of the individual making the disclosure (as applicable), the date and time of the disclosure, and the nature of the emergency. Further, the Participant User must notify the patient or the patient's legal representative of the emergency access within seventy-two (72) hours of such emergency access.

- **Audit.** Subscribing Participant agrees to develop an audit plan to conduct random audits of its Participant Users of the Network to verify that Participant Users have obtained proper, signed patient Authorization Forms, to the extent required by Applicable Law, regarding access to the Health Data from the Network and if applicable, documentation of emergency access of Health Data from the Network, which audit plan will be provided to SHI within forty-five (45) days of entering into a Subscription Agreement with SHI. Subscribing Participant agrees to perform the minimum audits proposed in the plan submitted by the Subscribing Participant. Subscribing Participant is not precluded from performing other audits in addition those proposed in the audit plan.

II. Minimum Patient Data Set for Patient Look-Up Requests. Subscribing Participant agrees to provide the Individuals full name, gender and birth date in making requests for Health Data on a particular Individual.