

**DOCUMENT 18:
HEALTH INFORMATION INSTITUTE PROVIDER FINANCIAL
RESPONSIBILITY AGREEMENT**

Enterprise/Entity Name: _____

Contact Name/Phone: _____

HEALTH INFORMATION INSTITUTE, INC.
Provider Financial Responsibility Agreement

I. This is an agreement between the Health Information Institute, Inc., a Washington corporation ("HII") and the partnership, corporation, limited liability company, or other private enterprise or government agency identified below ("Entity"), to provide for access to childhood immunization information contained in the CHILD Profile Immunization Registry and Tracking System ("CHILD Profile") by individual health care providers who are partners, officers, members, employees, or otherwise agents of or participants in the Entity ("Providers"), under which the Entity assumes the obligation to pay HII the sums due for its Providers under their Individual Health Care Provider Information Sharing Agreements with HII.

II. The Entity provides health care services by and through its individual Providers, including immunization services. The Providers wish to have the benefit of access to the Information Services provided by HII to assist them in the provision of health care, and the Entity wishes to allow for such access.

III. In order to protect the security and integrity of the health information provided by and through HII, HII requires each individual health care provider who is authorized to have access to such information to enter into an Individual Provider Information Sharing Agreement in the form attached as Appendix A, including an agreement to follow the HII's User's Manual and appendices describing the Information Services and HII's Fee Schedule, as these may be updated from time to time. The terms and conditions of the Provider Agreement, the User's Manual, the Information Services and the Fee Schedule, as they exist and as they may be updated from time to time, are therefore incorporated in this Entity Agreement by reference.

A. Assumption of Payment Obligation

1. The Entity hereby agrees to pay the sums due HII under the Individual Provider Information Sharing Agreements entered into by its Providers, in the amounts and under the terms of those Agreements, as billed by HII. The Entity acknowledges that the failure to timely pay in full the amounts due under all the Individual Provider Information Sharing Agreements covered by this Agreement may, at HII's discretion, be grounds for termination of all such agreements.

2. The Providers whose Individual Provider Information Sharing Agreements are

covered by this Agreement are identified in Appendix B. In the event of the termination of such an agreement, HII shall notify the Entity in writing, and the Entity's obligation to pay with respect to such Provider shall cease as provided in the terminated agreement. The Entity may discontinue its obligation to pay for any one or all of the Providers covered by this Agreement by written notice to HII received on or before the date thirty days before the end of any calendar quarter, effective as of the end of that quarter.

B. No Entitlement to Information:

The Entity acknowledges that this Agreement does not give the Entity any rights with respect to the information which is available to Providers under their Individual Provider Information Sharing Agreements. The disclosure of all such information to the Provider is subject to HII's and the Providers' Joint Obligations to Maintain Patient Privacy under that Agreement.

Entity Information:
(Please type or print all information)

Name of Entity: _____

Contact Person: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

AGREED this ____ day of _____, 199__.

ENTITY:

HEALTH INFORMATION INSTITUTE,
INC.:

Signature

Joseph H. Rosmann, President

Name, Title (Please Print)

**APPENDIX A: INDIVIDUAL PROVIDER INFORMATION
SHARING AGREEMENT**

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**APPENDIX B: LIST OF PROVIDERS COVERED BY
FINANCIAL RESPONSIBILITY AGREEMENT**

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