

HOSPITAL AUTHORIZATION FOR VENDOR TRANSMISSION TO QIO CLINICAL WAREHOUSE

TO: Jonathan Miller
QualityNet Exchange Administrator
IPRO
1979 Marcus Avenue
Lake Success, NY 11042-1002

FROM: [CEO/Administrator Name]:

[Hospital Name]:

[Hospital Address]:

SUBJECT: Authorization for Hospital-Collected Data Transmission into the QIO National Repository.

The _____ Hospital authorizes _____, JCAHO certified Performance Measurement System (PMS), to transmit data on the following topic(s) beginning with the specified discharge dates by topic:

- | | |
|--|---|
| <input type="checkbox"/> Acute Myocardial Infarction | Effective with discharges beginning _____ |
| <input type="checkbox"/> Heart Failure | Effective with discharges beginning _____ |
| <input type="checkbox"/> Pneumonia | Effective with discharges beginning _____ |
| <input type="checkbox"/> Surgical Infection Prevention | Effective with discharges beginning _____ |

The PMS information is as follows:

Joint Commission ID # _____	Contract Start Date _____
Organization Name _____	Contact Name _____
Address _____ _____	
Telephone _____	Fax _____

The PMS agrees to transmit data via QualityNet Exchange into the QIO clinical warehouse in the agreed-upon data format provided by CMS. The data collected has also met the CMS 7th SOW standard abstraction protocols. The PMS ensures that all of its data collection and transmission activities are in accordance with all HIPAA regulatory requirements regarding security and privacy.

This authorization remains in effect for the specified PMS until the CEO/administrator of the hospital submits changes to the QIO.

Authorized by: _____
(Signature of administrator or CEO)

Print name: _____

Medicare Provider #: _____

Effective Date: _____