

**Event Notification Service Addendum to the Florida Health Information Exchange Health Care Provider Subscription Agreement for Direct Secure Messaging Services**

By this Addendum, effective as of \_\_\_\_\_, 2014, Harris Corporation (“Vendor”) under contract with the Agency for Health Care Administration (“AHCA”) to facilitate statewide health information exchange and \_\_\_\_\_ (“Health Care Provider Participant”), agree to amend the current Florida Health Information Exchange Subscription Agreement for Direct Secure Messaging Services (“DSM Agreement”) in effect between Vendor and the Participant as follows:

1. Acknowledgement: The Event Notification Service (“ENS”) is intended to permit primary care providers to more quickly receive information regarding patients under their care. Under the ENS, Health Care Provider Participants (“Health Care Provider Participants” refers to those Health Care Providers such as Participant making discharge notifications including emergency department visits and urgent care visits or both admission and discharge notifications available to Health Plan Participants through DSM; “Health Plan Participants” refers to those health plans making member rosters available so as to facilitate the transmission of notifications for their members) will provide notification of discharges or notifications of admissions and discharges to the Health Plan Participant through the DSM service.

Through the ENS, Vendor will compare the admission or discharge notices received from Health Care Provider Participants against the Health Plan Participants current member rosters. When a match occurs, an alert message will be created by the Vendor and sent to the appropriate Health Plan Participant using the Health Plan Participant’s DSM address. The frequency of alert messages will be as requested by the Health Plan Participant as per the schedule offered by the Vendor (i.e., as available, daily, or weekly). The Vendor will include a re-disclosure prohibition statement in the alert message indicating types of conditions or circumstances subject to such restrictions under applicable law. A copy of the alert message will be sent to the Health Care Provider Participant using the Health Care Provider’s DSM address.

2. Health Care Provider Participant Obligations: Vendor and Health Care Provider Participant shall cooperate to establish a mechanism by which admission or discharge notifications, with sufficient information to permit Vendor to match the patient with the Health Plan Participants’ member rosters, may be transmitted. Once such a mechanism has been established, Health Care Provider Participant shall transmit admission or discharge notifications to Vendor.
3. Vendor Obligations: Vendor shall compare admissions or discharge notices received from Health Care Provider Participant to the Health Plan Participants’ current member rosters. Upon matching an admission or discharge notice, Vendor shall provide Health Plan Participant with an alert message at the Health Plan Participant’s DSM address. Vendor will maintain the confidentiality of the admissions and discharge notifications received from Health Care Provider Participant through the DSM service, and shall use the notifications solely for the purposes permitted in this amendment. Otherwise, use of such information shall be limited consistent with the limitations imposed under the DSM Agreement and the General Terms and Conditions incorporated therein.

2.1.2014

4. Restrictions on the Use of Admission and Discharge Notifications: Other than as expressly permitted in this Addendum, the restrictions upon the use of Health Data contained in the DSM Agreement (including, without limitation, the General Terms and Conditions incorporated therein) shall apply to admissions and discharge notifications.
  
5. Reaffirmation of DSM Agreement: The DSM Agreement shall continue in full force and effect in accordance with its terms, except as expressly amended by this Addendum.

IN WITNESS WHEREOF, this Addendum has been entered into and executed by official duly authorized to bind their respective parties.

“Vendor”

**Harris Corporation**

**Health Care Provider Participant**

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

By: \_\_\_\_\_

By: \_\_\_\_\_

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

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

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

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

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

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

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