

Physician Notification Enrollment Form

By completing this form and submitting it to TriStar Skyline Medical Center, I agree that the information provided in this form is complete and accurate, request to receive Physician Notification messages, and agree to all of the following terms:

- I, as the primary provider, will re-verify annually my email address, phone number provided for text messages, and fax number provided for faxes.
- I am responsible for re-verifying quarterly all of my secondary provider and proxy email addresses, phone numbers provided for text messages and fax numbers provided for faxes.
- It is my responsibility to notify Company, by the next business day by calling <insert # here>, when (1) the person(s) or entities receiving secondary and proxy notifications are no longer on staff or are otherwise no longer authorized by me to receive notifications, (2) when any of the email addresses, phone numbers or fax numbers provided by me change, become inaccurate or are no longer assigned to me, my secondary providers or proxies, as applicable and (3) when I no longer need or desire to continue to receive Physician Notification messages (due to my retirement, practice relocation, or any other reason).
- Secondary and proxy designations must be for a staff member or third party who has the right to see ALL patient information associated with me.
- Email addresses must not be a personal or group email address.
- Phone numbers for text messages and fax numbers for faxes must not be to a number shared with anyone besides me, my employees authorized to receive patient information to perform their assigned job duties, or the person(s) or entities listed below as my secondary providers or proxies.
- By requesting that messages be sent by text, email or fax to a proxy (if proxy delegation fields are completed), I represent that I employ such proxy or that I have in place a business associate agreement with the proxy that complies with applicable law, including the HIPAA Rules (45 CFR Parts 160 and 164) and that provides for the third party to provide services as a business associate for ALL patients associated with me; and that the proxy has the right, and I have obtained all permissions, if any, necessary for, the proxy to receive information on behalf of me for all patients associated with me.
- Company has no liability for any disclosures to secondary providers or any proxy or for disclosures sent by Company based on information provided by me.
- I am responsible for securing, using and further disclosing all information received by me, my employees, my secondary providers and proxies as a result of me requesting to receive Physician Notification (collectively "Confidential Information") in compliance with all applicable laws including the HIPAA Rules.
- I accept full responsibility for and will hold Company harmless for the actions of my secondary providers, proxies, and employees who may access or receive the Confidential Information through Physician Notification, and I take full responsibility for any data loss or breach of Confidential Information sent by Company through Physician Notification as requested in this form.
- ANY PHYSICIAN NOTIFICATION MESSAGE AND ANY OTHER MATERIALS, DATA, AND INFORMATION PROVIDED BY COMPANY OR ANY OF ITS AFFILIATES OR LICENSORS ARE PROVIDED "AS IS," "AS AVAILABLE," AND "WITH ALL FAULTS." EXCEPT AS OTHERWISE EXPRESSLY SET FORTH HEREIN, COMPANY MAKES NO WARRANTIES WHATSOEVER AND HEREBY DISCLAIMS ANY AND ALL OTHER EXPRESS AND IMPLIED WARRANTIES, INCLUDING, BUT NOT LIMITED TO, WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, NON-INFRINGEMENT, ACCURACY, COMPLETENESS, OR TIMELINESS. COMPANY DOES NOT WARRANT THAT PHYSICIAN NOTIFICATION MESSAGES OR ANY ASSOCIATED SERVICE WILL BE UNINTERRUPTED, ERROR-FREE, OR COMPLETELY SECURE. COMPANY DOES NOT AND CANNOT CONTROL THE FLOW OF DATA TO OR FROM COMPANY AND OTHER PORTIONS OF THE INTERNET OR YOUR CELLULAR NETWORK. AT TIMES, ACTIONS OR INACTIONS OF THIRD PARTIES CAN IMPAIR OR DISRUPT YOUR CONNECTION TO THE INTERNET OR YOUR CELLULAR NETWORK.
- YOU ACKNOWLEDGE AND AGREE THAT COMPANY HAS NOT REPRESENTED THAT PHYSICIAN NOTIFICATION MESSAGES HAVE THE ABILITY TO DIAGNOSE, PRESCRIBE, TREAT, OR PERFORM ANY OTHER TASKS THAT CONSTITUTE THE PRACTICE OF MEDICINE. YOU EXPRESSLY AGREE THAT YOU ARE SOLELY RESPONSIBLE FOR YOUR OWN CONDUCT AND THE CARE OF YOUR PATIENTS. ANY RELIANCE UPON PHYSICIAN NOTIFICATION MESSAGES SHALL NOT DIMINISH YOUR RESPONSIBILITY FOR YOUR PATIENTS' CARE AND FOR ENSURING COMPLIANCE WITH ALL APPLICABLE LAWS, RULES, AND REGULATIONS APPLICABLE TO THE DELIVERY OF HEALTHCARE SERVICES. TO THE MAXIMUM EXTENT PERMISSIBLE UNDER APPLICABLE LAW, COMPANY AND ITS AFFILIATES DISCLAIM ANY AND ALL RESPONSIBILITY AND LIABILITY FOR (I) ANY DAMAGES RELATED TO THE FUNCTIONALITY, OPERATION, RELIABILITY, ACCURACY, COMPLETENESS, AND/OR TIMELINESS OF PHYSICIAN NOTIFICATION MESSAGES OR ANY OTHER SERVICES OR INFORMATION INCLUDED OR OTHERWISE MADE AVAILABLE TO YOU BY COMPANY AND/OR ITS AFFILIATES AND ANY CONSEQUENCES, DECISIONS, JUDGMENTS, OR RESULTS ATTRIBUTABLE TO OR RELATED TO ANY USES, NON-USES, OR INTERPRETATIONS OF ANY PHYSICIAN NOTIFICATION MESSAGES OR INFORMATION PROVIDED BY, OR NOT PROVIDED BY, PHYSICIAN NOTIFICATION MESSAGES; (II) ANY DAMAGE TO YOUR EQUIPMENT, DEVICES, NETWORK, OR OTHER INFORMATION; (III) ANY INTERRUPTION OR UNAVAILABILITY OF PHYSICIAN NOTIFICATION MESSAGES; AND (IV) ANY OTHER DAMAGE, NO MATTER THE CAUSE.

Physician Notification Enrollment Form

Primary Provider Information

Date of Request

Primary Provider's Name (Last, first, middle initial)

NPI Number

Office Address, City, ST, ZIP Code

Practice Name

Email Address

Patient events to be notified of:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Discharge AMA | <input type="checkbox"/> Death | <input type="checkbox"/> Inpatient Admit | <input type="checkbox"/> ED Registration |
| <input type="checkbox"/> Birth | <input type="checkbox"/> Transfer to ICU | <input type="checkbox"/> Inpatient Discharge | <input type="checkbox"/> ED Discharge |

Delivery Options:

Facilities

You have the option to receive notifications from all the facilities you are associated with in the Meditech Provider Dictionary where a patient presents themselves and you are marked as their PCP by registration.

Attachments

By default: PDOC for the patient event will be sent as a PDF attachment (for email and fax) if available at the time the notification is sent. If not available, it can still be sent up to 7 days after the patient event occurs.

- Opt in to receive Discharge Instructions.

Notification Method & Frequency

Days of the Week to Receive Notifications:

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

<input type="checkbox"/> Text Preferences		<input type="checkbox"/> Email Preferences		<input type="checkbox"/> Fax Preferences	
Phone#:		[Email address filled out at the top of the form will be used]		Fax#:	
Text Notification Schedule: (i.e. 8am to 5pm)		Email Notification Schedule:		*faxes are sent hourly.	
From:	To:	From:	To:		
*if you do not specify a timeframe, text will be sent up to 15 minutes after each patient event.		Delivery Schedule Options: (pick one or it will default to hourly on the half hour)			
		<input type="checkbox"/> Sent every hour on the half hour <input type="checkbox"/> Sent at 6:30am <input type="checkbox"/> Sent at 6:30am and 6:30pm <input type="checkbox"/> Sent at 6:30am, 10:30am, 2:30pm, and 6:30pm			

Physician Notification Enrollment Form

(optional) Secondary Provider Information: will receive notifications for patients associated with the primary provider.

Secondary Provider's Name (Last, first, middle initial)

NPI Number

Email Address

Patient events to be notified of:

Same as primary

Delivery Options:

Facilities

You have the option to receive notifications from all the facilities, the Primary Provider is associated with in the Meditech Provider Dictionary, where a patient presents themselves and the Primary Provider is marked as their PCP by registration.

Attachments

By default: PDOC for the patient event will be sent as a PDF attachment (for email and fax) if available at the time the notification is sent. If not available, it can still be sent up to 7 days after the patient event occurs.

Same as primary: Opt in to also receive Discharge Instructions.

Notification Method & Frequency

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<input type="checkbox"/> Text Preferences		<input type="checkbox"/> Email Preferences		<input type="checkbox"/> Fax Preferences	
Phone#:		[Email address filled out at the top of the form will be used]		Fax#:	
Text Notification Schedule: (i.e. 8am to 5pm)		Email Notification Schedule:		*faxes are sent hourly.	
From:	To:	From:	To:		
*if you do not specify a timeframe, text will be sent up to 15 minutes after each patient event.		Delivery Schedule Options: (pick one or it will default to hourly on the half hour)			
		<input type="checkbox"/> Sent every hour on the half hour <input type="checkbox"/> Sent at 6:30am <input type="checkbox"/> Sent at 6:30am and 6:30pm <input type="checkbox"/> Sent at 6:30am, 10:30am, 2:30pm, and 6:30pm			

Physician Notification Enrollment Form

(optional) Proxy Delegation #1 Information: will receive notifications for patients associated with the primary provider. Submit up to 3 proxies.

Proxy's Name (Last, first, middle initial)

Relationship to Provider (i.e. office staff)

Email Address

Location/Practice Name

Patient events to be notified of:

Same as primary

Delivery Options:

Facilities

You have the option to receive notifications from all the facilities, the Primary Provider is associated with in the Meditech Provider Dictionary, where a patient presents themselves and the Primary Provider is marked as their PCP by registration.

Attachments

By default: PDOC for the patient event will be sent as a PDF attachment (for email and fax) if available at the time the notification is sent. If not available, it can still be sent up to 7 days after the patient event occurs.

Same as primary: Opt in to also receive Discharge Instructions.

Notification Method & Frequency

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<input type="checkbox"/> Text Preferences		<input type="checkbox"/> Email Preferences		<input type="checkbox"/> Fax Preferences	
Phone#:		[Email address filled out at the top of the form will be used]		Fax#:	
Text Notification Schedule: (i.e. 8am to 5pm)		Email Notification Schedule:		*faxes are sent hourly.	
From:	To:	From:	To:		
*if you do not specify a timeframe, text will be sent up to 15 minutes after each patient event.		Delivery Schedule Options: (pick one or it will default to hourly on the half hour)			
		<input type="checkbox"/> Sent every hour on the half hour <input type="checkbox"/> Sent at 6:30am <input type="checkbox"/> Sent at 6:30am and 6:30pm <input type="checkbox"/> Sent at 6:30am, 10:30am, 2:30pm, and 6:30pm			

Physician Notification Enrollment Form

(optional) Proxy #2 Delegation Information: will receive notifications for patients associated with the primary provider. Submit up to 3 proxies.

Proxy's Name (Last, first, middle initial)

Relationship to Provider (i.e. office staff)

Email Address

Location/Practice Name

Patient events to be notified of:

Same as primary

Delivery Options:

Facilities

You have the option to receive notifications from all the facilities, the Primary Provider is associated with in the Meditech Provider Dictionary, where a patient presents themselves and the Primary Provider is marked as their PCP by registration.

Attachments

By default: PDOC for the patient event will be sent as a PDF attachment (for email and fax) if available at the time the notification is sent. If not available, it can still be sent up to 7 days after the patient event occurs.

Same as primary: Opt in to also receive Discharge Instructions.

Notification Method & Frequency

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<input type="checkbox"/> Text Preferences		<input type="checkbox"/> Email Preferences		<input type="checkbox"/> Fax Preferences	
Phone#:		[Email address filled out at the top of the form will be used]		Fax#:	
Text Notification Schedule: (i.e. 8am to 5pm)		Email Notification Schedule:		*faxes are sent hourly.	
From:	To:	From:	To:		
*if you do not specify a timeframe, text will be sent up to 15 minutes after each patient event.		Delivery Schedule Options: (pick one or it will default to hourly on the half hour)			
		<input type="checkbox"/> Sent every hour on the half hour <input type="checkbox"/> Sent at 6:30am <input type="checkbox"/> Sent at 6:30am and 6:30pm <input type="checkbox"/> Sent at 6:30am, 10:30am, 2:30pm, and 6:30pm			

Physician Notification Enrollment Form

(optional) Proxy Delegation #3 Information: will receive notifications for patients associated with the primary provider. Submit up to 3 proxies.

Proxy's Name (Last, first, middle initial)

Relationship to Provider (i.e. office staff)

Email Address

Location/Practice Name

Patient events to be notified of:

Same as primary

Delivery Options:

Facilities

You have the option to receive notifications from all the facilities, the Primary Provider is associated with in the Meditech Provider Dictionary, where a patient presents themselves and the Primary Provider is marked as their PCP by registration.

Attachments

By default: PDOC for the patient event will be sent as a PDF attachment (for email and fax) if available at the time the notification is sent. If not available, it can still be sent up to 7 days after the patient event occurs.

Same as primary: Opt in to also receive Discharge Instructions.

Notification Method & Frequency

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<input type="checkbox"/> Text Preferences		<input type="checkbox"/> Email Preferences		<input type="checkbox"/> Fax Preferences	
Phone#:		[Email address filled out at the top of the form will be used]		Fax#:	
Text Notification Schedule: (i.e. 8am to 5pm)		Email Notification Schedule:		*faxes are sent hourly.	
From:	To:	From:	To:		
*if you do not specify a timeframe, text will be sent up to 15 minutes after each patient event.		Delivery Schedule Options: (pick one or it will default to hourly on the half hour)			
		<input type="checkbox"/> Sent every hour on the half hour <input type="checkbox"/> Sent at 6:30am <input type="checkbox"/> Sent at 6:30am and 6:30pm <input type="checkbox"/> Sent at 6:30am, 10:30am, 2:30pm, and 6:30pm			