



P.O. Box 56
 Tulsa, OK 74101
 (918) 236-3434
 MyHealth@MyHealthAccess.net

Start Date: Upon Signature
 Account Number: 100454
 Quote Number: Q-00798

To:

Mangum Regional Medical Center
 1 Wickersham Drive
 Mangum, OK 73554

Monthly Base fee

Product	DESCRIPTION	Rate Basis	Rate	Units	Total
MyHealth Base Participation	Health Information Exchange Statute "Utilization" compliant product - Securely access patient records during and/or in support of patient treatment or health care operations. - Unlimited User Accounts to a live, secure, web-based portal available 24/7 with summary medical records on Oklahoma patients – as allowed by the MyHealth Access Network - Network Policies	Adjusted Patient Days	\$0.10588	7,168	\$758.95
Single Sign-On	Integration of SSO into MyHealth Provider Portal into Participant workflow via EHR or related system. Included with Base Participation		\$0.00000	1	\$0.00
Monthly Base fee TOTAL:					\$758.95

Analytics and Data Products Elected

Product	DESCRIPTION	Rate Basis	Rate	Units	Total
Care Fragmentation Alerting - Provider Advanced	Daily alerting on healthcare encounters for attributed patients. Used to identify high-utilizers and guide care management activity.	Total unique patients seen in previous 12 months	\$0.12447	2,094	\$260.64
Social Needs Screening and Referral	Mobile device-based screening solution assessing the social needs of patients, providing a personalized list of community resources to address those needs. Included in the Base Membership package. Participants must sign the SDOH Addendum and meet data feed requirements. Note: Providers have the option to elect to receive a weekly report summarizing the screening data for an additional fee.		\$0.00000	1	\$0.00

Product	DESCRIPTION	Rate Basis	Rate	Units	Total
Analytics Allowance	Covers qualifying analytics products and up to, but not to exceed, 85% of the base participation fee (after deducting other credits).		\$-260.64000	1	\$-260.64
Analytics and Data Products Elected TOTAL:					\$0.00

One time Technical Setup Fee

Product	DESCRIPTION	Rate Basis	Rate	Units	Total
Care Fragmentation Alerting Connection	Outbound connection to deliver Care Fragmentation Alerting report		\$0.00000	1	\$0.00
HL-7 CCDA Inbound Connection	Inbound CCDA feed to MyHealth Access Network		\$0.00000	1	\$0.00
HL-7 V2.x ADT Inbound Connection	Inbound Admission, Discharge, Transfer feed of type HL-7 v2.x to MyHealth Access Network		\$0.00000	1	\$0.00
SDoH Screening Inbound Connection	Inbound ADT feed to MyHealth SDoH system of type HL-7 v2.x		\$0.00000	1	\$0.00
Single Sign On Connection	Integration of SSO into MyHealth Provider Portal into Participant workflow via EHR or related system		\$0.00000	1	\$0.00
One time Technical Setup Fee TOTAL:					\$0.00

Total Reoccurring Monthly Cost : \$758.95
Total One-Time Cost : \$0.00

Notes:

1. Upon signature of this order form, the invoicing process will commence as per the terms specified herein.
2. Services may be discontinued and removed from Order Form with sixty (60) days advance notice in writing by Participant Organization to MyHealth of its intent to do so.
3. The Term of Order Form shall begin on the order form execution date and shall last until Participating Organization or MyHealth provides sixty (60) days advance notice in writing of its intent to terminate.
4. Units used to calculate the base membership fee and analytics products elected will be recalculated annually. +/- 5% change in units will result in updated invoicing
5. Analytics allowance cannot be redeemed for cash back. Allowance only applies to the subscription of analytics products.
6. Fees quoted on this Order Form are guaranteed for 30 days.

Approved by(MyHealth):

Signature

Print Name

Date

To accept this quotation, sign here and return:

Signature

Print Name

Date



When you join MyHealth Access Network, you are joining a community of health care organizations who privately, securely and appropriately share health information with those who need it for their work, under a common data sharing arrangement satisfying state and federal laws. As a part of that community, you can help steer the policies by participating on the various committees (ask a MyHealth staff member for details).

By signing the Participation Agreement you are asserting that you are meeting the below requirements. If you do have exceptions, don't be alarmed, but please let us know so we can work with you based on your situation. Feel free to reach out if you have any questions. The underlined text below are links to resources about the topics they pertain to.

By signing a Participation Agreement without any additional discussion, you are attesting that you meet these conditions:

1. We have treatment relationships with, or provide applicable services for Oklahoma patients.
2. We are a Covered Entity ([45 CFR §164.104\(a\)](#))—not sure? Here's a link to a "[Are You a Covered Entity](#)" tool) or a Hybrid Entity ([45 CFR §164.103](#)) as defined by HIPAA, OR we are not a covered entity, but are one of the following types of entities who is willing to abide by the requirements of HIPAA with respect to participation in the network:
 1. Municipal emergency medical services;
 2. Free / charitable clinic;
 3. Licensed dietitian;
 4. Occupational therapist; or
 5. Licensed mental health professional
3. Neither we, nor any of our personnel are excluded from federally-funded health care programs, as determined by the Office of the Inspector General of the U.S. Department of Health and Human Services ([exclusions.oig.hhs.gov](#)).
4. We are in good standing as a business entity with the state of our business registration (if applicable), and our health care providers are appropriately licensed in Oklahoma for the services we provide to Oklahoma patients.
5. We comply with HIPAA and other applicable privacy and security laws, including the following:
 1. We have a designated Privacy Officer ([45 CFR §164.530\(a\)\(1\)](#)) and a designated Security Officer ([45 CFR §164.308\(a\)\(2\)](#)).
 2. We provide regular and appropriate HIPAA training for our workforce, consistent with [45 CFR §164.308\(a\)\(5\)](#) and [45 CFR §164.530\(b\)](#).
 3. We have written and implemented policies and procedures for protecting electronic and written PHI ([45 CFR §164.530\(i\)](#)).
 4. We have policies and procedures for properly responding to a suspected PHI breach and a confirmed PHI breach ([45 CFR §164 Subpart D](#)).
 5. Our workforce is trained on our policies and procedures, and we verify that our policies and procedures are being followed ([45 CFR §164.530\(b\)](#)).

6. We separate employee roles and limit access to personally identifiable information based on job responsibilities ([45 CFR §164.308\(a\)\(4\)](#)).
7. We conduct security risk assessments, periodically and upon changes to technical infrastructure, consistent with the requirements of the HIPAA Security Rule, and as referenced at [45 CFR §164.308\(a\)\(1\)](#).
8. (Only if planning to report data to the network, and if psychotherapy notes are part of the practice) If applicable, we separate psychotherapy notes from electronic medical records and will ensure they are not shared through MyHealth ([45 CFR 164.524\(a\)\(1\)\(i\)](#)).
9. (Only if subject to specific consent laws such as 42 CFR Part 2 [substance abuse treatment facilities], Behavioral Health Licensure laws in Oklahoma, or others) To the extent required, we have measures in place to ensure compliance with applicable consent laws.
10. We provide our patients/members with a HIPAA-compliant notice of privacy practices which currently includes, or will be modified to include, information about the health information exchange and the sharing of data for treatment, payment and operations ([45 CFR §164.520](#)).
11. We receive any necessary patient consent to use and disclose protected health information for treatment, payment, and healthcare operations purposes.

MyHealth Access Network Participation Agreement

This Participation Agreement, made as of the date of full execution, by and between the **MyHealth Access Network, Inc.** (“MyHealth”) and **Mangum Regional Medical Center** (“Participant Organization”), makes Participant Organization a Participant in the MyHealth Access Network, and obligates both parties to comply with the MyHealth Participation Terms and Conditions (“Terms and Conditions”) and the MyHealth Privacy and Security Policies and Procedures, as they may be amended from time to time.

Participant Organization hereby acknowledges that it has received and reviewed a copy of the Terms and Conditions and the MyHealth Privacy and Security Policies and Procedures, and recognizes and acknowledges its rights and obligations as specified therein.

The Term of this Participation Agreement shall begin on Agreement’s effective date, and shall last until MyHealth or the Participant provides written notice of its intent not to continue in accordance Terms and Conditions.

MyHealth shall provide the MyHealth Services listed in Exhibit 1 (“Order Form”) to this Participation Agreement, with the corresponding fee schedules listed therein. This Exhibit is an essential part of this Participation Agreement. Exhibit 1 will be amended as requested in writing by Participant Organization, and as agreed in writing by MyHealth under the following terms:

- Additional services from Schedule 1.3 of the Terms and Conditions may become Selected Services in Exhibit 1 at any time with accompanying fees from Schedule 13.2, or as agreed upon in writing by both Parties, with accompanying agreed-upon service terms.
- Services may be discontinued and removed from Exhibit 1 with sixty (60) days advance notice in writing by Participant Organization to MyHealth of its intent to do so.

- MyHealth core subscription service shall not be considered optional, and may only be terminated with the termination of this Participation Agreement in accordance with the Terms and Conditions.

This Participation Agreement and the Terms and Conditions, together with any exhibits to either of them, shall represent the entire agreement between the Participant Organization and MyHealth, and shall supersede all previous negotiations and agreements, whether written or oral.

This Participation Agreement may be executed in any number of counterparts, each of which will be an original, but all of which taken together will constitute one and the same instrument. IN WITNESS WHEREOF, the Parties have executed this Participation Agreement as of the dates indicated below:

**MYHEALTH ACCESS NETWORK, Inc.
("MyHealth")**

PO Box 56
Tulsa, Oklahoma, 74101

By:

Print Name:

Date:

Notice: If to the Business Associate:
MyHealth Acces Network
P.O. Box 56
Tulsa, Oklahoma 74101
Attn: Compliance Officer

Email: privacy@myhealthaccess.net

Phone: 918-236-3434

Mangum Regional Medical Center

1 Wickersham Drive
Mangum, OK 73554

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By:

Print Name:

Date:

Notice:
If to Covered Entity:

Attn:

Email:

Phone: