

Hospital Vendor Contract Summary Sheet

1. Existing Vendor New Vendor
2. **Name of Contract: MyHealth**
3. **Contract Parties: MyHealth /MRMC**
4. **Contract Type Services:**
5. **Impacted Hospital Departments: Nursing**
6. **Contract Summary:** Provides access to the Oklahoma Healthcare Information Exchange with analytics.
7. **Cost \$758.95**
8. **Prior Cost: \$750.00**
9. **Term: 1 year**
10. **Termination Clause:** Can be terminated with 60-day written notice.