Rhode Island Quality Institute

RI REGIONAL EXTENSION CENTER
a service of the Rhode Island Quality Institute

Rhode Island Trust Community Participation Agreement

The Rhode Island Trust Community ("Trust Community") is a service of the Rhode Island Quality Institute ("RIQI") and its Rhode Island Regional Extension Center ("RI REC") created to promote the adoption and use of Direct Messaging for the secure and trusted transmission of patients' protected health information ("PHI") between members of the Trust Community. All entities participating in the Trust Community have been verified by a representative of the Rhode Island Quality Institute and/or by a Notary Public. The entity verification process allows participants to rest assured that Trust Community members are actual members of the Rhode Island health care community with a legitimate reason to send and receive PHI. The Trust Community is designed to ensure that PHI is sent and received using industry best practice security controls that are, at a minimum, in compliance with all applicable federal and state laws and regulations.

In order to ensure the success and optimal utilization of the Trust Community, it is important that all member entities cooperate with each other, provide accurate information, promptly update information when circumstances change, and diligently monitor Direct Message usage.

Organization Information

Organization Name	
Address 1	
Address 2	
City	
State	
Zip Code	
Phone Number	
E-mail Address	

Is your organization incorporated in the state of Rhode Island?		Yes
		No
If no, please provide your RI medical license number		
Health Information Service Provider (HISP) Name*		

*If you have not yet selected a HISP, you may leave this field blank.

Required Documentation

In order to verify that your organization is legally operating in Rhode Island, and that you are qualified to be a Trust Community member, RIQI will validate the following information with the Rhode Island Secretary of State's office and/or the Rhode Island Department of Health:

- If your organization is incorporated, the two most recent Annual Reports filed with the Rhode Island Secretary of State's Office, one of which must have been filed within the

last year. Or, if the entity was formed less than twelve months ago, the Articles of Incorporation.

- If you are a solo practitioner who is not incorporated, a valid Rhode Island Medical License issued by the Rhode Island Department of Health.

You do not need to include copies of the above referenced documents as they are available online.

The Authorized Administrator is a staff member appointed by your organization to communicate with RI REC and act on behalf of your organization with respect to all aspects of the Trust Community. To confirm the identity of the Authorized Administrator, s/he must provide valid government issued photo identification such as a current driver's license or passport. The photo ID must be examined by an RI REC employee or a notary public for identity confirmation. Please do not include a copy of the identification with your application.

Please return your completed and signed RITC forms, either electronically or in hard copy, to:

- Your Regional Extension Center Relationship Manager
- directprogram@riqi.org via email
- (401) 276-9144 via fax
- Rhode Island Quality Institute, 50 Holden Street, Suite 300, Providence, RI 02908-5754, ATTN: Rhode Island Trust Community

Terms and Conditions

By signing below, your organization, its officers, directors and employees, agree to the following terms and conditions:

1. All information provided on this form is true and accurate as of the date of execution.

2. If any of the information above changes, RIQI will be notified as soon as possible via e-mail to directprogram@riqi.org or phone at (401) 276-9141.

3. Direct Message accounts may be established for your organization as a whole and/or for individual employees. Direct Message accounts for individual employees may only be established for individual employees of your organization authorized to access, use or transmit PHI.

4. The employee for which a Direct Message account is established shall be the responsible party with respect to that Direct Message account, even if, during the course of business, more than one person has access to that account.

5. Your organization must disable and/or delete all Direct Message accounts established for employees no longer employed by your organization within one (1) business day of the employee's last day at your organization.

6. Direct Message accounts may only be used for the exchange of PHI between known and trusted health care providers and other organizations authorized to access, use or disclose PHI on behalf of a patient with whom they have a treatment relationship, and may not be used for any other purpose, including but not limited to, unauthorized commercial purposes, e-mail spamming or marketing.

7. Your organization will encourage best practices for patient privacy protections related to the use of each Direct Message account associated with your organization, including those accounts established for individuals. In doing so, your organization will vigorously enforce the Health Insurance Portability and Accountability Act ("HIPAA") and the Health Information Technology for Economic and Clinical Health Act ("HITECH") Privacy and Security Rules, including, without limitation, maintaining the confidentiality and security of PHI, implementation of administrative, technical and physical safeguards to prevent unauthorized access, use and transmission of PHI, only access, use or disclose PHI as authorized by the patient in a treatment relationship, mitigate any risks associated with an unauthorized access, use or disclosure of PHI, require any subcontractors that receive, use or have access to PHI to comply with the Privacy and Security Rules, and disclose only the minimum PHI necessary for the purpose for which it is disclosed.

8. In connection with HIPAA and HITECH enforcement measures, your organization will strive to minimize the risk of participation in the Trust Community for other Trust Community members by carefully monitoring use of the Direct Message accounts to prevent transmitting programs or data (such as malware, viruses, worms, and Trojan Horses) which may impair operability, or effect patient privacy rights or breach PHI security.

9. Your organization will promptly notify RIQI if there is a breach of the security of your system that may in any way effect your Direct Message accounts and/or impair the Trust Community.

10. Your organization has executed or will execute, within a reasonable period of time, a Business Associate Agreement with a Health Information Service Provider ("HISP").

11. RIQI will pay the costs associated with membership in the Trust Community for the first twelve months. After that period, your organization will be responsible for the annual renewal costs, which are currently $10.80 per Direct account per year. Your organization will be billed directly by a third-party Certificate

Authority engaged by RIQI to issue Trust Community credentials to Trust Community members. Failure to timely pay such costs in full will result in the expiration of your organization's Trust Community membership.

12. RIQI reserves the right to contact your organization annually to verify that it continues to legally operate in Rhode Island and continues to otherwise qualify as a Trust Community member.

(SIGNATURE PAGE FOLLOWS)

I hereby certify that I am authorized to act on behalf of the organization to participate in the Rhode Island Trust Community and to sign this Agreement and that the information contained herein is true and accurate.

Organization Name	RI REC Signature
Corporate Officer Signature	Notary Public Signature (Note: A notary is not required if the signature has been verified by a RI REC employee)
Print Corporate Officer Name	
Title	
Date:_____	

Authorized Administrator Information

Administrator Name	
Title	
Role	__ Physician __ NP/RN/MA __ Administrator __Other _____
Govt Issued ID#	

Signature of Authorized Administrator:_____

Identity of Authorized Administrator verified by:

_____

RI REC Signature
(Note: A notary is not required if the signature and ID have been verified by a RI REC employee)

STATE OF RHODE ISLAND

Providence County, ss

On this __ day of _____, 2012, before me, the undersigned, personally appeared _____, personally known to me or proved to me through satisfactory evidence to be the person whose name is subscribed to within instrument on the foregoing, for its stated purpose.

_____

Notary Public
My commission expires:
[AFFIX NOTARY SEAL]