

Georgia Health Information Technology Regional Extension Center

A. PARTIES: THIS MEMORANDUM OF UNDERSTANDING (MoU) is a non-binding			
administrative guideline made and entered into this day of	_, 2011, by and between		
Morehouse School of Medicine, National Center for Primary Care, Georgia He	alth Information		
Technology Regional Extension Center, hereinafter referred to as "GA-HITRE	C" and		
, hereafter referred to as "Provider."			

B. SCOPE: The GA-HITREC mission is to furnish assistance to help Georgia's healthcare providers select, successfully implement, and meaningfully use certified Electronic Health Record (EHR) systems to improve clinical outcomes and the quality of care provided to their patients. GA-HITREC will work collaboratively with valued partners to assure the adoption and meaningful use of Health Information Technology (HIT) to improve the health of the greater community while eliminating the disparate gap of healthcare throughout Georgia. GA-HITREC has engaged partners, hereafter referred to as "Representative," to provide technical assistance and education with regard to EHR to the Provider as well as assistance in accomplishing meaningful use of EHR. The Provider enters into this agreement with GA-HITREC for the purpose of receiving assistance for the implementation of electronic health record systems and accomplishing meaningful use of EHR in accordance with requirements set forth by the Department of Health and Human Services (DHHS) and the Office of the National Coordinator (ONC).

C. OBLIGATIONS:

GA-HITREC agrees to:

- 1. Provide outreach, education, technical support and oversight for EHR implementation and follow through to meaningful use.
- 2. Provide management services to assist provider to meet all criteria for meaningful use.
- 3. Provide education and training to provider concerning topics associated with 1) the benefits of Electronic Health Record and Health Information Exchange, 2) the meaningful use definition, 3) incentive payments from Medicaid and Medicare.

Provider agrees to:

- 1. Work with GA-HITREC to comply with CMS meaningful use definition as the guiding tool for meeting the objectives of the Extension Center program.
- 2. Work with GA-HITREC to develop timelines and working plans to meet program objectives.
- 3. Work with Representative in scheduling the appropriate education sessions, training sessions and technical assistance as required for the implementation of EHR in his/her practice.



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- **D. MONETARY CONSIDERATION:** Provider may be eligible for financial incentives through the Centers for Medicare and Medicaid Services ("CMS"), provided the Provider satisfies the measures and objectives of the meaningful use criteria as defined by DHHS and endorsed by ONC. Obtaining payment and ensuring eligibility for monetary consideration shall be the sole responsibility of the Provider. Neither GA-HITREC nor the Representative shall be responsible or liable in the event that Provider fails to obtain the financial incentives. Provider acknowledges and agrees that any and all funding shall be provided by the Federal Government and neither GA-HITREC nor Representative is a funding source.
- **E. RELATIONSHIP OF PARTIES:** The relationship created by this MoU is that of independent contractors and does not constitute an employee-employer relationship. Nothing in this MoU is intended to create nor shall it be deemed or construed to create any relationship between the Parties hereto other than that of independent entities agreeing to the provisions of this MoU. Neither of the Parties hereto, nor any of their respective officers, directors or employees shall be construed to be the agent, employer or representative of the other.
- **F. PROTECTED HEALTH INFORMATION (PHI):** Representative will agree not to use or disclose any PHI except as necessary, in its sole discretion, to provide services on behalf of the Provider and will not use or disclose PHI that would violate the HIPPAA Privacy Rule.
- **G. MoU INTENT:** The terms outlined in this MoU are non-binding and may serve as the basis for a separate Services Agreement between Parties. This MoU does not constitute an obligation by either Party to enter into a Services Agreement.



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Morehouse School of Medicine, Inc.:	Pristine Technology Solutions, Inc.:
By:	Ву:
Title:	Title:
Date:	Date:
☐ Signatory is authorized to sign☐ Individual providers required t	on behalf of all providers in the above named practice. o sign below.
Provider Organization:	
Provider:	Street:
City/State/Zip:	Phone :
Date:	Email:
Name:	
GA License:	
Primary Care Specialty:	
Signature:	
Name:	
GA License:	
NPI #:	
Primary Care Specialty:	
Signature:	
Name	
GA License:	
NPI#:	
Primary Care Specialty:	
Signature:	



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Provider Demographic Information Sheet

Patient Demographi	cs:				
% of Patients on Medicaid:					
% of Patients on Medicare:					
% of Patients on Private Insurance:					
% of Patients Uninsured:					
Estimated Number of Annual Patient Encounters:					
Estimated Number of An	nual Unique Patient E	Encounters:			
Organization Tax ID:					
Organization Type: EHR Information:	Private Practice 1 Rural Health Clip Community Heal Critical Access H Public Hospital Non-Priority Hos Private Practice 1	nic th Center ospital pital			
Existing EHR System?		Yes No			
Existing EHR "Go Live"	Date				
Primary Care EHR Syste					
Specialty EHR System N	ame (if applicable):				