

Participant ID # _____
THE SOCIETY OF THORACIC SURGEONS NATIONAL DATABASE
Data Sharing Consent and Release Form
2008 PQRI Registry Test Project
Adult Cardiac Surgery Database

I, the undersigned, hereby give permission to The Society of Thoracic Surgeons ("STS") and the Duke Clinical Research Institute ("DCRI") to transmit to the Centers for Medicare and Medicaid Services ("CMS") certain data previously submitted to the STS National Database in accordance with the STS National Database Participation Agreement, upon which my name appears within Schedule A thereto, in order to provide adult cardiac surgery measures performance and demographic information as requested by CMS for purposes of my participation in the CMS Physician Quality Reporting Initiative Registry Test (the "PQRI Registry Test");

I understand that only by signing this Consent/Release Form will STS and DCRI be authorized to submit data on my behalf for the PQRI Registry Test. I understand that I will also need to continue to submit my claims data separately to CMS under current standard PQRI procedures while the PQRI Registry Test is ongoing, but that in the future, STS and its designees may be able to submit my PQRI data directly to CMS on my behalf.

I understand that CMS requires that my PQRI Registry Test data be submitted under my National Provider Identifier ("NPI") as well as the Taxpayer Identification Number ("TIN") of the Taxpayer holder of record for my NPI, and I consent to the release of these identifiers to CMS in conjunction with my PQRI Registry Test data.

I agree to hold STS, DCRI and their representatives harmless in connection with their actions taken in good faith reliance on this Consent/Release Form.

I represent and warrant that I have the full right and authority to act in this matter as set forth above.

I authorize STS to accept this signed form via hard copy, fax, or email as hard copy originals.

Surgeon Name

Surgeon Address

Surgeon Signature

Date