

Completing the STS Participation Agreement and Business Associate Contract and Data Use Agreement

PLEASE NOTE: ANY AGREEMENTS SUBMITTED WITH CONTENT OR FORMAT MODIFICATIONS WILL NOT BE ACCEPTED.

Instructions for Participation Agreement:

The Agreements are sent in .PDF format. Please print the Agreements and hand write in the required information.

Page 1:

1. Line (b) “Surgeon Participant” and Address – Line (b) must always be completed. There will always be a Surgeon Participant.

The required information for Line (b) is as follows:

This first blank requires the name of the surgeon or group of surgeons who wish to participate in the STS National Database. The surgeons may or may not be part of the same group. Entering “...and surgeons listed on Schedule A” after the lead surgeon’s name addresses all surgeons on the Participation Agreement.

The second blank requires the street address for the surgeon or group of surgeons.

Example:

corporation with its principal place of business at 633 North Saint Clair Street, Chicago, Illinois, 60611 (“STS”); and (b) B. Smith, MD and surgeons listed on Schedule A, an individual cardiothoracic surgeon or a group of cardiothoracic surgeons (all of whose members are identified in and have signed Schedule A attached hereto), whose principal place of business is at 1234 Main Street, George, KS 85525 (“Surgeon Participant”); and, only upon

2. Line (c) “Anesthesiologist Participant” and Address – Line (c) is optional and at the Surgeon Participant’s discretion.

If an individual anesthesiologist or a group of anesthesiologists will be participating in the STS National Database along with the Surgeon Participant (at the Surgeon Participant’s discretion), then section (c) must also be completed. The required information for Section (c) is as follows:

The first blank requires the name an individual anesthesiologist or a group of anesthesiologists who wish to participate in the STS National Database. The anesthesiologists may or may not be part of the same group. Entering “...and Anesthesiologists listed on Schedule B” after the lead anesthesiologist’s name addresses all anesthesiologists on the Participation Agreement.

The second blank requires the street address for the individual anesthesiologist or a group of anesthesiologists.

Example:

.... and, only upon Surgeon Participant’s election, and only if the following identified “Anesthesiologist Participant” has agreed to abide by the terms of this Agreement, (c) J.Doe and Anesthesiologists listed on Schedule B, an individual anesthesiologist or a group of anesthesiologists (all of whose members are identified in and have signed Schedule B attached hereto), whose principal place of business is at 1234 Main St., George, KS 85525 (“Anesthesiologist Participant”);

3. Line (d) “Hospital Participant” and Address - Line (d) is optional and at the Surgeon Participant’s discretion.

If there will be a Hospital Participant along with the Surgeon Participant (at the discretion of the Surgeon Participant), then line (d) must also be completed. The required information for line (d) is as follows:

- The first blank requires the name of the *corporation* authorized to enter into contracts on behalf of the surgeon(s)' hospital (i.e., Saint Vincent Hospital, Inc., Mercy Healthcare, Catholic Healthcare East, HCA, etc.) - **Required**
- The second blank requires the *corporation's* form of business organization and its **state of incorporation** (i.e., an **Illinois** Not-For-Profit Corporation) - **Required**
- The third blank requires the name of the surgeon(s)' hospital, as it appears over its door

Example:

...only upon Surgeon Participant's election, and only if the following identified "Hospital Participant" has purchased or has committed to purchase "STS Certified Software" (as defined herein) for purposes of participation in the "STS National Database" (as defined herein), (d) Healthcare Corp., a IL not-for-profit, solely on behalf of the hospital known as Community Hospital ("Hospital Participant").

4. Page 2:

Section 1.1 – Participation in STS National Database

On the blank line please identify the name of the STS CERTIFIED SOFTWARE VENDOR you will use to input your cases. (Axis Clinical Software, Lumedx, CardioAccess, etc.)

Please note that this Participation Agreement is for use with one of the commercial software vendor listed at <http://www.sts.org/sts-national-database/database-participants/database-software-and-vendors>. If you do not see your software vendor listed, please contact Liz Watkins, Contracts Manager, at ewatkins@sts.org to identify the reason.

5. Page 7:

Section 11 – Notices

In the appropriate section(s), please complete the name and mailing address of the identified participant(s) for the agreement.

6. Page 9:

Signature Page

The Participation Agreement must be signed by the **Surgeon Participant**. If more than one surgeon is participating, then the surgeon signing the Agreement must be duly authorized to do so by all surgeons whose names appear on Schedule A.

If there is an **Anesthesiologist Participant**, then the anesthesiologist signing the Agreement must be duly authorized to do so by all anesthesiologists whose names appear on Schedule B.

If there is a **Hospital Participant**, then the individual signing the Agreement must be duly authorized to do so on behalf of the hospital.

7. Schedule A – Signatures of Participating Surgeons Required

The Schedule A must be completed and returned with the signed agreement. The surgeon who is duly authorized to sign as the Surgeon Participant should sign the Schedule A first, and the others contributing data should sign after that signature.

For each MD, please indicate either "cardiothoracic surgeon" or "vascular surgeon;" an MD cannot be both.

8. Schedule B – Signatures of Participating Anesthesiologists (if Anesthesia is participating)

The attached Schedule B must be completed and returned with the signed agreement. The anesthesiologist who is duly authorized to sign as the Anesthesiologist Participant should sign the Schedule B first and the others contributing data should sign after that signature.

Instructions for Business Associate and Data Use Agreement:

1. **Line (b) “Surgeon Participant” and Address – Line (b) must always be completed. There will always be a Surgeon Participant.**

This first blank requires the name of the surgeon or group of surgeons who wish to participate in the STS National Database. The surgeons may or may not be part of the same group. Entering “...and surgeons listed on Schedule A” after the lead surgeon’s name addresses all surgeons on the Participation Agreement.

The second blank requires the street address for the surgeon or group of surgeons.

2. **Line (c) “Anesthesiologist Participant” and Address (complete if there is an Anesthesia Participant)**

The first blank requires the name an individual anesthesiologist or a group of anesthesiologists who wish to participate in the STS National Database. The anesthesiologists may or may not be part of the same group. Entering “...and Anesthesiologists listed on Schedule B” after the lead anesthesiologist’s name addresses all anesthesiologists on the Participation Agreement.

The second blank requires the street address for the individual anesthesiologist or a group of anesthesiologists.

3. **Line (d) “Hospital Participant” and Address (complete if there is a Hospital Participant)**

- The first blank requires the name of the *corporation* authorized to enter into contracts on behalf of the surgeon(s)’ hospital (i.e., Saint Vincent Hospital, Inc., Mercy Healthcare, Catholic Healthcare East, HCA, etc.) - **Required**
- The second blank requires the *corporation’s* form of business organization and its **state of incorporation** (i.e., an **Illinois** Not-For-Profit Corporation) - **Required**
- The third blank requires the name of the surgeon(s)’ hospital, as it appears over its door

4. **Page 9:
Signature Page**

The Participation Agreement must be signed by the **Surgeon Participant**. If more than one surgeon is participating, then the surgeon signing the Agreement must be duly authorized to do so by all surgeons whose names appear on Schedule A.

If there is an **Anesthesiologist Participant**, then the anesthesiologist signing the Agreement must be duly authorized to do so by all anesthesiologists whose names appear on Schedule B.

If there is a **Hospital Participant**, then the individual signing the Agreement must be duly authorized to do so on behalf of the hospital.

Mail (**VIA FED EX OR ANY OTHER TRACKABLE METHOD**), fax or email the completed 2016 Agreements to:

Liz Watkins
Contracts Manager
The Society of Thoracic Surgeons
633 North Saint Clair Street, 23rd Floor
Chicago, IL 60611
ewatkins@sts.org