

Sample 1: Preamble of a Participation Agreement with many surgeons as the Surgeon Participant and a Hospital Participant that is not owned by a larger corporation:

**THE SOCIETY OF THORACIC SURGEONS NATIONAL DATABASE
PARTICIPATION AGREEMENT**

ADULT CARDIAC DATABASE

THIS AGREEMENT is entered into effective the 1st day of January, 2006, by and between (a) THE SOCIETY OF THORACIC SURGEONS, an Illinois not-for-profit 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 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), (c) Harpo Valley Medical Center, a Kansas not for profit corporation, solely on behalf of the hospital known as Harpo Valley Medical Center (“Hospital Participant”). The Surgeon Participant and the Hospital Participant (if any) are sometimes collectively referred to herein as the “Participant.”

Notes: In Sample 1: The many surgeons may or may not be part of the same group, so entering the phrase “...and Surgeons listed in Schedule A” after the lead surgeon’s name addresses all surgeons on the Participation Agreement. The National Report from this participant will be from facility, Harpo Valley Medical Center.

Sample 2: Preamble of a Participation Agreement with many surgeons as the Surgeon Participant and a Hospital Participant that is owned by a larger corporation:

THIS AGREEMENT is entered into effective the 1st day of January, 2006, by and between (a) THE SOCIETY OF THORACIC SURGEONS, an Illinois not-for-profit corporation with its principal place of business at 633 North Saint Clair Street, Chicago, Illinois, 60611 (“STS”); and (b) Department of Cardiothoracic Surgery at Harpo Valley Medical Center 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 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), (c) AB Hospitals, Inc., a Kansas for profit corporation, solely on behalf of the hospital known as Harpo Valley Medical Center (“Hospital Participant”). The Surgeon Participant and the Hospital Participant (if any) are sometimes collectively referred to herein as the “Participant.”

Notes: In Sample 2: The many surgeons are all part of the department at one hospital location. If there is a Hospital Participant on the Agreement, only procedures from that one hospital location, not from all locations within the corporation, i.e., AB Hospitals, can be submitted as there can only be one location per Agreement. The National Report from this participant will be from facility, Harpo Valley Medical Center.

Sample 3: Preamble of a Participation Agreement with many surgeons as the Surgeon Participant and no Hospital Participant

THIS AGREEMENT is entered into effective the 1st day of January, 2006, by and between (a) THE SOCIETY OF THORACIC SURGEONS, an Illinois not-for-profit 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 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), (c) _____, a _____, solely on behalf of the hospital known as _____ (“Hospital Participant”). The Surgeon Participant and the Hospital Participant (if any) are sometimes collectively referred to herein as the “Participant.”

Notes: In Sample 3: The many surgeons may or may not be part of the same group, so entering the phrase “...and Surgeons listed in Schedule A” after the lead surgeon’s name addresses all surgeons on the Participation Agreement. As there is no Hospital Participant, the surgeons can submit all of their surgical procedures, regardless of facility location, under this one agreement. The National Report will represent the participant’s data submitted.

Sample 4: Preamble of an Appendix I: Business Associate Contract and Data Use Agreement with many surgeons as the Surgeon Participant and a Hospital Participant not owned by a larger corporation.

**APPENDIX I: STANDARD FORM
BUSINESS ASSOCIATE CONTRACT
AND DATA USE AGREEMENT
(2006 Version)**

THIS AGREEMENT is entered into and made effective the 1st day of January, 2006 (the “Effective Date”), by and between (a) **THE SOCIETY OF THORACIC SURGEONS**, an Illinois not-for-profit 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 group of cardiothoracic surgeons (all of whose members are identified in and have signed Schedule A attached to the Participation Agreement defined herein), whose principal place of business is at 1234 Main Street, George, KS 85525 (“Surgeon Participant”); and, if, and only if, a Party to the Participation Agreement, (c) Harpo Valley Medical Center, a Kansas not for profit corporation, with its principal place of business at 1234 Main Street, George, KS 85525, solely on behalf of the hospital known as Harpo Valley Medical Center (“Hospital Participant”).

Notes: In Sample 4: The many surgeons may or may not be part of the same group, so entering the phrase “...and Surgeons listed in Schedule A” after the lead surgeon’s name addresses all surgeons on the Participation Agreement. The Hospital Participant section, subsection (c), has an additional line for the address of the facility.

Outlined below are more detailed notes to assist you in completing the remaining Participation Agreement and Business Associate Contract and Data Use Agreement for your site

For Your Assistance:

Instructions for completing the Participation Agreement

The following instructions are intended to assist you in completing the essential components of the Participation Agreement.

Section (b) Preamble

Section (b) must always be completed. The required information for Section (b) is as follows:

- The first blank requires the name of the surgeon or group of surgeons who wish to participate in the National Database.
- The second blank requires the address for the surgeon or group of surgeons.

Section (c) Preamble

If the participant is **both** one or more cardiothoracic surgeons **and a hospital (this is solely at the surgeon(s)' discretion), then section (c) must also be completed.** The required information for Section (c) is as follows:

The first blank requires the name of the entity authorized to enter into contracts on behalf of the surgeon(s)' hospital (e.g., Saint Vincent Hospital, Inc., Mercy Healthcare, Catholic Healthcare East, etc.).

The second blank requires the entity's form of business organization **and its state of incorporation** (e.g., an **Illinois** Not-For-Profit Corporation).

The third blank requires the name of the surgeon(s)' hospital.

Section 1 Participation in STS National Database

Please **fill** in the type of software that will be used to input cases. (ARMUS, Axis Clinical, CAOS, CardioAccess, Cedaron, Cerner, GE Medical, Goodroe, Heartbase, Heartlab, Medical Dynamics, Lumedx, Philips Medical, Quantros, Siemens, Tenfold or Velos, Inc.)

Section 11 Notices

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

Execution Section (End of Main Agreement)

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

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

Schedule A Signatures of participating surgeons

The attached Schedule A must be completed and returned with the signed agreement. The surgeon who is the identified surgeon for a group practice should sign the Schedule A **first**, and the others contributing data should sign after that signature. **ONLY ORIGINAL SIGNATURES CAN BE ACCEPTED. PLEASE DO NOT SUBMIT FAXED SIGNATURES AS THEY WILL NOT BE ACCEPTED.**

For Your Assistance:

Instructions for completing and executing the Appendix 1: Standard Form Business Associate Contract and Data Use Agreement (BA/DU Agreement)

The following instructions are intended to assist you in completing the essential components of the Appendix 1: Standard Form Business Associate Contract and Data Use Agreement.

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Section (b) Preamble

Section (b) must always be completed.

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

- The first blank requires the name of the surgeon or group of surgeons who wish to participate in the National Database.
- The second blank requires the address for the surgeon or group of surgeons.

Section (c) Preamble

If the participant is **both** one or more cardiothoracic surgeons **and a hospital (this is solely at the surgeon(s)' discretion), then section (c) must also be completed.** The required information for Section (c) is as follows:

- The first blank requires the name of the entity authorized to enter into contracts on behalf of the surgeon(s)' hospital (e.g., Saint Vincent Hospital, Inc., Mercy Healthcare, Catholic Healthcare East, etc.).
- The second blank requires the entity's form of business **and its state of incorporation** (e.g., an Illinois Not-For-Profit Corporation).
- The third blank requires the address of the entity
- The fourth blank requires the name of the surgeon(s)' hospital.

Body of the agreement

On page one, in the middle of the page, there is a blank line: "Whereas, STS and Participant are parties to that certain Participation Agreement..." The blank line is for the effective date of the Participation Agreement, or **January 1, 2006**. Please enter, "January 1, 2006" in the line. The STS operates on a calendar year.

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Execution Section (End of BA/DU Agreement)

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

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

Upon completion: Please mail the signed originals of all Agreements to the STS.

The mailing address is:

The Society of Thoracic Surgeons
633 N. St. Clair
Suite 2320
Chicago, Illinois 60611
Attn: Mr. Gerry Tarafa