

**PROJECT ADDENDUM - CAIR**

Project Name and Effective Date	Health Information Exchange for Treatment purposes: Submit patient immunization records to the California Immunization Registry (CAIR). Effective:
Data Submitted for Exchange	Patient immunization records and demographic data necessary for identification.
Permitted Uses	Health Care Provider and Authorized Users may access the Exchange to provide Data for Treatment (immunization Medical Records) (as defined in this Addendum) of Health Care Provider's Patients. Subject to certain limitations, and under certain circumstances, requesting disclosure of and using health information for law enforcement, disaster relief, research (including supporting grant administration and evaluation), improving HIE operations, and public health purposes may also be permissible.
Authorized Users	Authorized Users are employees, independent contractors or agents of a Health Care Provider who (i) have been authenticated and given access in compliance with HIE Policies and Standards by the Participant; (ii) accepts responsibility for compliance with the terms of the Authorized User Agreement, and (iii) require access to Data to facilitate the provision of treatment by the Health Care Provider to Patients.
Specific Safeguards and Privacy Requirements	All Participants shall adhere to the HIE Policies and Standards available at <a href="http://northcoasthin.org">http://northcoasthin.org</a> . Permitted use of the CAIR registry is described in the CAIR Standard Disclosure Policy and the CAIR Sharing Policy.
Licensed Software	N.A.
Certification Requirements	Practices (providers) must enroll in CAIR and have a site specific CAIR Provider ID
Definitions for Project Addendum - Labs	<p>1. <b>"Treatment"</b> means the provision, coordination or management of health care services by one or more Health Care Providers, as defined by HIPAA Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. Part 164, Subpart E.</p> <p>2. <b>"Medical Record"</b> means all communications related to a Patient's physical or mental health or condition that are recorded in any form or medium and that are maintained by the Health Care Provider for purposes of Patient diagnosis or Treatment, including medical records that are prepared by the Health Care Provider or other providers, as defined by A.R.S. § 12-2291.</p>

**PARTICIPANT**

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

**HEALTH INFORMATION EXCHANGE**

By: \_\_\_\_\_  
Martin Love

Its: Chief Executive Officer

Date: \_\_\_\_\_