

**Event Notification Service Addendum to the Florida Health Information Exchange
Subscription Agreement for Direct Secure Messaging Services**

By this Addendum, effective as of _____, 2013, Harris Corporation (“Vendor”), under contract with the Agency for Health Care Administration (“AHCA”) to facilitate statewide health information exchange and _____ (“Health Plan Participant”), agree to amend the current Florida Health Information Exchange Subscription Agreement for Direct Secure Messaging Services (“DSM Agreement”) in effect between Vendor and the Participant as follows:

1. **Acknowledgement:** The Event Notification Service (“ENS”) is intended to permit primary care providers to more quickly receive information regarding patients under their care. Under the ENS, Hospital Participants (“Hospital Participants” refers to those hospitals making admission and discharge notifications available to health plans, including Health Plan Participant, through DSM) will provide notification of admits and discharges to the Health Plan Participant through the DSM service.

Through the ENS, Vendor will compare the admission and discharge notices received from Hospital Participants against the Health Plan Participant’s current member roster. When a match occurs, an alert message will be created by the Vendor and sent to the Health Plan Participant using the Health Plan Participant’s DSM address. The frequency of alert messages will be as requested by the Health Plan Participant among the schedule offered by the Vendor (i.e., as available, daily, or weekly). The vendor will include a re-disclosure prohibition statement in the alert message indicating types of conditions or circumstances subject to such restrictions under applicable law. A copy of the alert message will be sent to the Hospital Participant using the Hospital’s DSM address.

2. **Health Plan Participant Obligations:** Within ____ days after execution of this Addendum, Health Plan Participant shall provide a current member roster to Vendor consistent with templates that the Vendor shall provide to Health Plan Participant. Thereafter, Health Plan Participant will provide Vendor with updates to the member roster as appropriate. As soon as reasonably practicable upon receipt of an admit or discharge message relating to one of Health Plan Participant’s current members, Health Plan Participant shall deliver notification of the admit or discharge to the appropriate primary care provider in a manner consistent with Health Plan Participant’s obligations under all applicable laws and regulations.
3. **Vendor Obligations:** Vendor shall compare admissions and discharge notices received from Hospital Participants through the DSM service against the Health Plan Participant’s current member roster. Upon matching an admission or discharge notice, Vendor shall provide Health Plan Participant with an alert message at the Health Plan Participant’s DSM address. Vendor will maintain the confidentiality of the current member roster, and other than the comparison of the admissions and discharge notices against Health Plan Participant’s current member roster, Vendor will not use the Health Plan Participant’s current member roster for any purpose not expressly permitted by the Health Plan Participant.

12.1.2013

4. Restrictions on Use of Admission and Discharge Notifications: Other than as expressly permitted in this Addendum, the restrictions upon the use of Health Data contained in the DSM Agreement (including, without limitation, the General Terms and Conditions incorporated therein) shall apply to admissions and discharge notifications.

5. Fees: Health Plan Participants are charged an annual fee by the Vendor which may be billed quarterly as determined by the Vendor, subject to AHCA approval. The fee may be changed upon ninety (90) days written notice to Participants except for a fee reduction which can go into effect immediately upon AHCA approval.

6. Reaffirmation of DSM Agreement: The DSM Agreement shall continue in full force and effect in accordance with its terms, except as expressly amended by this Addendum.

IN WITNESS WHEREOF, this Addendum has been entered into and executed by official duly authorized to bind their respective parties.

“Vendor”

Harris Corporation

By: _____

Printed Name: _____

Title: _____

Date: _____

Health Plan Participant

Entity Name: _____

By: _____

Printed Name: _____

Title: _____

Date: _____