

**Acknowledgment of Participation in HIE Agreement between
CRISP and the Department of Health and Mental Hygiene**

1. CRISP and the Maryland Department of Health and Mental Hygiene (the “Department”) have agreed to CRISP’s Uniform Participation Agreement (“the “Agreement”) as amended by an Addendum (the “Addendum”) which together constitute a Master Agreement that provides the terms of participation in the CRISP HIE for the Department and those units of the Department identified by CRISP and the Department on Attachment One to the Addendum (each, a “Unit”).

2. The Unit identified below has been identified on Attachment One to the Addendum by agreement of CRISP and the Department as of December 1st, 2012. The Unit acknowledges receipt of a copy of the Agreement and the Addendum and agrees to comply with its relevant terms and conditions.

3. The Unit also specifies the individual identified below as the Units Designated Contact for purposes of the Agreement and the Addendum.

Participant*

Organization: _____

By: _____

Its: _____

Date: _____

Participant’s Designated Contact*

Name: _____

Address: _____

Telephone: _____

E-mail: _____

**Participant's Privacy and Security CRISP Privacy and Security Officer
Officer***

Name: _____ Name: Brandon Neiswender

Telephone: _____ Telephone: 1.877.952.7477

E-mail: _____ E-mail: Brandon.Neiswender@crisphealth.org

* For purposes of notices under the Agreement. The Designated Contact must have an active email address. The Designated Contact may be changed from time-to-time by written notice to CRISP.