



## Care Coordination Affiliation Statement

### Purpose

This document is to affirm the relationship between \_\_\_\_\_ (“Participant”), a CRISP Participant in good standing with CRISP, and \_\_\_\_\_ (“Affiliate”). Participant is working with Affiliate to implement care coordination and population health interventions, with the aim of enhancing patient outcomes and provider efficiency. To enable these activities, Participant is permitting clinical and claims data available to Participant through CRISP to be available to Affiliate. Claims data for patients attributed to Participant or Participant’s providers will be available to Affiliate. Participant is also allowing Affiliate full access to CRISP services as an Agent under Participant’s Agreement with CRISP. Individual personnel access to CRISP can be managed by a Point of Contact designated by Affiliate and listed below.

### Data Use Permissions

Participant and Affiliate agree to only use data accessed through CRISP for its Permitted Purposes defined in the CRISP Participation Agreement and data use policies, and in compliance with all relevant laws and regulations. Participant will require all users and all of Affiliate’s users to maintain compliance, including patient notification. Participant and Affiliate affirm that all necessary legal documents, including a Business Associate Agreement, are executed and in good standing; further, required privacy, security, and audit policies and procedures for Participant and Affiliate meet all applicable standards.

Affiliate shall not use the CRISP services or permit any Users to use CRISP services to conduct any business or activity, or solicit the performance of any activity, which is prohibited by or would violate any Applicable Law or legal obligation, or for purposes that may create civil or criminal liability in Participant or CRISP.

### Acknowledgement

Participant has executed a CRISP Participation Agreement and approves data access and use of CRISP services by Affiliate in accordance with CRISP’s policies and procedures. Participant affirms it will maintain necessary legal documents with Affiliate and acknowledges that it is solely the responsibility of Participant to communicate any change of status with respect to their relationship with Affiliate. Participant will notify CRISP immediately of any change in status, to remove Affiliate’s CRISP access, or to stop sharing data.

**Participant Name:**

**Participant Representative Signature:**

**Participant Representative Name (Printed):**

**Date:**

### Affiliate Point of Contact

Participants choosing to delegate access to clinical data through CRISP may assign a Point of Contact for the Affiliate. The following individual will be granted permission to add and remove CRISP users working with Participant’s data:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_