

RESEARCH AGREEMENT
BETWEEN
THE NATIONAL HOME INFUSION ASSOCIATION (NHIF) AND
(HOME INFUSION PROVIDER ORGANIZATION)

This collaborative agreement between NHIF and (INSERT ORGANIZATION) is for the purposes to conduct a research study in the area of (INSERT STUDY NAME).

Confidentiality

Data submitted from individual organizations will be used in accordance with all aspects of the Ethics Code of the American Association of Public Opinion Researchers (AAPOR), thereby protecting respondent confidentiality.

Data used for (INSERT STUDY NAME) is representative of the location's results. Data received by NHIF will be deidentified by the location as to not reveal any Protected Health Information (PHI) in accordance with The Health Insurance Portability and Accountability Act of 1996 (HIPAA). NHIF will not sell or otherwise provide participating location contact information to anyone and will retain ownership of all raw data collected.

All response and data will be filed on a secure password restricted server and only accessible to those individuals directly involved in data analysis, namely Connie Sullivan, Ryan Garst, Danell Haines, and Jennifer Lyons, whom have signed the above ethics code and whose terms of employment are based on their compliance with the Confidentiality Statement. No one else has access to the data, not the Board of Directors, not the Future of Infusion Advisory Council members, nor the Outcomes Taskforce Members.

Key Contact Information

When registering for the (INSERT STUDY NAME), each provider location will include a Key Contact who will manage the participation account and carry out all the responsibilities set forth.

The Key Contact will:

- Serve as the main point of contact
- Will accept and respond accordingly to emails from the NHIF Data Team
- Will review the participant's profile information
- Will ensure all submitted data follows the format and requirements in this agreement
- Meets the deadlines for data submission
- May be contacted following a data submission, for the purpose of clarifying data.

Sharing Information:

- NHIF will not sell or otherwise provide participating location contact information to anyone.

- NHIF will retain ownership of all raw data and benchmarks.
- NHIF may generate reports describing the aggregate benchmarking results and make such reports available external parties for a fee. (E.g. payers, investment firms, industry suppliers)
- NHIF may publish the aggregated results of benchmarking programs and/or related research projects in professional journals.
- NHIF may present the aggregated results of benchmarking programs and/or related research projects at professional conferences.

NHIF Responsibilities

- Review the organization application and determine if the criteria for participation have been satisfied.
- Validate the organization's data collection procedures for compliance with program specifications.
- Notify the Key Contact of data collection deadlines.
- Serve as a steward of the data.
- Maintain, review, and analyze the study data, from previous and current participants, for the purposes of monitoring and assessing the home infusion industry.
- Not allow a third-party organization to independently use or report study data without the expressed written permission.
- Provide a written report summarizing the study results.

Participant Responsibilities

When submitting data to the Benchmarking Initiative, you agree to the following terms.

- Utilize NHIF approved standardized forms, surveys, or instruments to gather the data.
- Notify NHIF of any changes or modification in data gathering procedures that may impact the organization's validation status.
- Submit data that meets the research study eligibility criteria.
- Submit data to nhifdata@nhia.org
- Meet the deadlines for data input or upload.
- Submit data in the required format.
- Data cannot be edited, updated, changed, deleted, or add data once a data collection interval has closed.

Dues and Payment Terms

Participation in NHIF Research study programs is free to locations with an active NHIA membership in good standing.



Permissions

_____ agrees to allow the locations listed in Appendix A

to share data with NHIF for the purposes of participating in (INSERT STUDY NAME).

Signature Form

Agreed and Accepted

NHIF

Signed

Name

Title

Date

Participant

Signed

Name

Title

Date

Appendix A

Participating Locations for:

(Organization name)

*Organizations may provide the location list using the format below or by attaching a separate document.

Street Address	City/State/Zip	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____