



2017 HIE Membership Application

SHIEC members are community/regional/state wide HIEs working together to increase the value they deliver to their stakeholders by sharing best practices and industry advocacy while maintaining strong local governance.

HIE Member Eligibility Requirements:

- Governmental or legal entity primarily engaged in providing health information exchange services in a *multi-stakeholder environment*.
- Established multi-stakeholder governance process
- Active website describing your stakeholders, mission, governance and services provided
- Be current on annual subscription fees as established by the SHIEC Board

Application Instructions:

1. Complete this application including contact information for your intended senior leadership contact with SHIEC and your website URL.
2. A brief description of your HIE with this application will be circulated to the SHIEC Board.
3. The SHIEC Board will review your application and determine your eligibility to join.
4. You will be notified of the Board's decision or contacted for additional information if necessary.

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|---|--|---|---|
| Name of HIE Organization | | | |
| Main Office Address | City, ST, Zip | Main Office Phone Number | |
| | | | |
| Senior Leadership Contact | Name | Phone | |
| | Title | Email | |
| Person Completing this Form (if different form above) | Name | Phone | |
| | Title | Email | |
| Website Address | | | |
| Organization Type | Non-Governmental: <input type="checkbox"/> Community/Regional HIE <input type="checkbox"/> Other : _____ | | |
| | Governmental: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Are you a State Designated Entity? | | |
| Stakeholders Represented on HIE Board | <input type="checkbox"/> Hospitals/Health Systems | <input type="checkbox"/> Consumers/Patients | <input type="checkbox"/> Governmental |
| | <input type="checkbox"/> Physicians/Other Providers | <input type="checkbox"/> Public Health | <input type="checkbox"/> Community Health Centers |
| | <input type="checkbox"/> Health Plans/Payers | <input type="checkbox"/> Employers | <input type="checkbox"/> _____ |
| Organization Size | Please describe your HIE's service area: (use an additional page if needed) | | |
| | Approximately how many unique patients are in your MPI? | | |

SHIEC Subscriber Dues:

Your organization's SHIEC Membership begins when the Board votes to approve your application. You may elect a one year membership (\$6,000) or two years (\$11,000) with payment due when you are notified that your application has been accepted. Member benefits including access to member content and communications begin with receipt of payment. Subsequent dues each year are billed approximately 60 days before your annual renewal date. Membership may be cancelled at any time by providing written notice to SHIEC but dues will not be refunded.

Requested Membership (please check one): 1 Year (\$6,000) 2 year (\$11,000)

Authorized Signature indicates understanding of dues payment

Date

To apply SHIEC for membership, please email your completed application to Kelly Hoover Thompson, Chief Executive Officer: Kelly.Thompson@strategichie.com.