



DC HIE Renewal Registration Form

STEP 1: READ THE [Guidance on Applying to be a District Registered HIE Entity Final .pdf \(dc.gov\)](#)

STEP 2: COMPLETE SECTIONS A-C

A. HIE Entity: Contact Information

Legal Name of the HIE Entity

Doing Business As

PRINCIPAL CONTACT INFORMATION

Name

Organizational Title

Business Address

City

State

Zip Code

Telephone Number

E-mail Address

Business Web Address

District of Columbia Contact Information:

If your business is not located in Washington, DC, you must have a representative who can receive legal documents for your business.

Representative Full Name ☐ check if not applicable

Mailing Address [provide if different from Business address]

City

State

Zip Code

Washington

District of Columbia

B. HIE Entity: Description

Instructions: Provide a updated short description of the HIE entity below (e.g. purpose, service areas, stakeholders, etc.). The description will be published on DHCF's website.

C. HIE Entity: Revenue Model(s)

Instructions: Select all applicable revenue models listed in the table below. You may attach documents in your registration application e-mail to support or further describe the revenue models.

<input type="checkbox"/> Recurring subscription fee to users of the HIE	<input type="checkbox"/> Recurring subscription fee to data providers	<input type="checkbox"/> Transaction fees to HIE users
<input type="checkbox"/> Funding from health plans	<input type="checkbox"/> Funding from state/federal programs	<input type="checkbox"/> Fees from services provided (e.g. clinical trials, provider directory, implementation and fee configuration services, ongoing feed maintenance, message routing, Direct secure exchange, quality measurement, provider portal, alerting and notifications, consultative services, etc.)

Provide any additional details on the HIE entity's revenue model(s). You may attach documents to support or further describe the revenue models.

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STEP 3: READ & SIGN HERE

By checking the boxes below, the applicant agrees that they have read, reviewed, and understand the applicable requirements of the *Chapter 87 (Health Information Exchange) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations*, as it applies to a District Registered HIE Entity.

- ☐ The organization is an established business operating in Washington, D.C.
- ☐ The organization, its principals, or officers have had no disciplinary actions taken against them by federal or District, or state agencies in the two (2) years prior to applying for registration.
- ☐ The organization can query health care consumer information by meeting or exceeding the access, use, and disclosure requirements set forth in the HIE Rule
- ☐ The organization can meet its long-term financial commitments, including those applicable by law, to continue its operations into the foreseeable future
- ☐ The organization has the resources to sustain health information transactions amongst its participants
- ☐ The organization can comply with all requirements in the HIE Rule
- ☐ The organization will provide any additional information as requested by DHCF, and or posted on www.dhcf.dc.gov, in the near or foreseeable future

I, _____, certify that I am duly authorized to submit this DC HIE Registration Application. I attest that all information submitted in the application and in corresponding attachments accurately reflects the activities of _____ and is complete to the best of my knowledge.

Signature:

Date:

STEP 4: REVIEW RENEWAL CHECK-LIST FOR COMPLETENESS

Please use the checklist below to aid and ensure that you submit a complete application with all required attachments. The check-list does not need to be completed as part of the application submission.

- ☐ **This form completed and signed**
- ☐ **Required document attachments (use the [Guidance on Applying to be a District Registered HIE Entity Final .pdf \(dc.gov\)](#) document for more information and instructions on these attachments):**
 - ☐ A.1: *Organizational and operational documents
 - ☐ A.2: General business liability insurance and cyber liability insurance
 - ☐ A.3: Third-party privacy and security audit report or letter
 - ☐ A.4: *Third-party financial audit report or letter
 - ☐ A.5: Policy for reasonable notice to cease operations
 - ☐ A.6: User access control policy
 - ☐ A.7: Processes and policies in response to breaches
 - ☐ A.8: Incident response plan
 - ☐ A.9: Policy for performance of periodic, random audits
 - ☐ A.10: Consumer education policy
 - ☐ A.11: Consumer opt-out form
 - ☐ A.12: Notice of privacy practices
 - ☐ A.13: *Participation
- ☐ ***If the current District Registered HIE Entity has already submitted the asterisked documents listed above as part of completing the HIE MOA Midterm Assessment, then the applicant is not required to submit those documents again.**

STEP 5: INSTRUCTIONS TO SUBMIT YOUR APPLICATION FOR RENEWAL

DC HIE Registration Renewal Application

Please follow the instructions listed below to submit the DC HIE Registration Application.

1. Attach this completed form and all required document attachments, that encompass the application, to an e-mail
2. Title the subject of the e-mail, DC HIE Registration Renewal Application
3. Send e-mail to dc.hie@dc.gov
4. Receive confirmation from DHCF

The DC Registration Renewal Application is due 60 days prior to the applicant's end registration date.