

## Legal Agreements FAQ

### How should I complete the MiHIN Oregon Provider Directory (OPD) Terms of Service (ToS)?

To be accepted, the completed ToS must include:

- Name of Participating Entity (should be only one organization per agreement)
  - o *Organizations wishing to include their 100% owned subsidiaries may do so by simply listing the parent organization for those subsidiaries.*
- Name (printed, of signatory)
- Title (of signatory)
- Date
- Signature (not printed, of signatory)

AGREED AND ACCEPTED	AGREED AND ACCEPTED
Participating Entity: <u>ABC Clinic of Oregon</u>	Participating Entity: <u>ABC Clinic of Oregon</u>
<u>Jane Doe</u>	<u>Jane Doe</u>
Name: <u>Jane Doe</u>	Name: <u>Jane Doe</u>
Title: <u>CAO</u> Date: <u>3/25/19</u>	Title: <u>CAO</u> Date: <u>3/25/19</u>

1. Signature line (below Participating Entity) on ToS must include signature (in addition to printed name). ToS cannot have two signatures, two printed names, or be missing one or the other. Printed and signed name must match.

### How should I complete the OHA Organizational Participation Agreement?

To be accepted, the completed Organizational Participation Agreement must include:

- Organization name (should only be one organization per agreement)
  - o *Organizations wishing to include their 100% owned subsidiaries may do so by simply listing the TINs for those subsidiaries (but excluding the names).*
- Tax ID number (TIN)
- Name (printed, of signatory)
- Title (of signatory)
- Date
- Signature (not printed, of signatory)

ABC Clinic of Oregon	ABC Clinic of Oregon
Organization Name <u>ABC Clinic of Oregon</u>	Organization Name <u>ABC Clinic of Oregon</u>
<u>12-3456789</u>	<u>12-3456789</u>
Tax Identification Number(s) (TIN(s)) for Organization, as registered in OneHealthPort	Tax Identification Number(s) (TIN(s)) for Organization, as registered in OneHealthPort
<u>Jane D.</u>	<u>Jane Doe</u>
Printed Name of Authorized Representative	Printed Name of Authorized Representative
<u>Jane Doe</u>	<u>Jane Doe</u>
Signature of Authorized Representative	Signature of Authorized Representative
<u>CAO</u>	<u>CAO</u>
Title	Title
<u>3/25/19</u>	<u>3/25/19</u>
Date	Date



2. Signature line must include signature (in addition to printed name). Organizational Participation Agreement cannot have two signatures, two printed names, or be missing one or the other. Printed and signed name must match.

## What else does MiHIN require before accepting the ToS and Organizational Participation Agreement?

Titles, signatories, and participating entities must match between the OHA Organizational Participation Agreement and the MiHIN ToS.

## My organization has multiple subsidiaries with different TINs. How should I complete the Organizational Participation Agreement?

1. Include only the name of the parent organization on the “Organization Name” line
2. Include the TIN for the parent organization and each associated subsidiary of the parent organization on the TIN line

Organization ABC	
Organization Name	
12-3456789; 98-7654321; 36-9826384; 63-8501829	
Tax Identification Number(s) (TIN(s)) for Organization, as registered in OneHealthPort	
Jane Doe	Executive VP and Chief Financial Officer
Printed Name of Authorized Representative	Title
 	03/26/2019 11:11 AM EDT
Signature of Authorized Representative	Date

- ❖ If all subsidiaries are included on the “Organization Name” line, MiHIN will require an Organizational Participation Agreement be filled out for each individual organization.
- ❖ If the Organizational Participation Agreement is submitted with just the parent organization name and TIN (without the TINs of each associated subsidiary), only the parent organization will be approved and granted access to the OPD.

