



Michigan Department of Health and Human Services  
 Bureau of EMS, Trauma and Preparedness  
 Division of EMS and Trauma  
 P.O. Box 30207  
 Lansing, MI 48909-0207  
 517-241-3025 (Phone)  
[www.michigan.gov/ems](http://www.michigan.gov/ems)

**Return completed form to Johnny Wagner, Data Coordinator**  
[Wagnerj4@michigan.gov](mailto:Wagnerj4@michigan.gov)  
**517-335-5860**

Data Use and Non-Disclosure Agreement Concerning the Access to Protected Health Information or Other Confidential Information in the

**Michigan EMS Information System (MI-EMSIS) Hospital Hub**

Hospital Name:	
Responsible Hospital Representative:	
Street Address:	
City, State, Zip	
Phone:	
County:	

In accordance with this agreement, data are provided by the Michigan Department of Health and Human Services (MDHHS) to the hospital designated user(s) through the user(s) access to the MI-EMSIS Hospital Hub.

The parties agree to the provisions specified in this Agreement, the Health Insurance Portability and Accountability Act (HIPAA), the Michigan Identity Theft Protection Act, and all other applicable public health, research, and confidentiality laws.

These data are provided to the Hospital only for the purposes described in Part 209 of the Public Health Code and the Michigan Administrative Code R325.22101 through R 325.22217.

**With regard to the data accessed by the Hospital through the MI-EMSIS Hospital Hub, the Hospital agrees to:**

1. Use and disclose the data only in accordance with this agreement, or as otherwise required by law;
2. Notify MDHHS prior to disclosing data required by law in order for MDHHS to have an opportunity to object to such disclosure, if necessary;
3. Limit access to these data only to those whose job responsibilities require the information;
4. Notify MDHHS **IMMEDIATELY** and remove access for an employee who has been terminated, has retired, or otherwise left employment from the Hospital;
5. Use appropriate safeguards to prevent use or disclosure of the information other than as provided by this agreement;



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6. Report to the MDHHS Division of EMS & Trauma within (10) days of discovery ANY suspected inappropriate use, disclosure, or breach of information accessed or in any downloaded format from MI-EMSIS Hospital Hub;
7. Obtain MDHHS approval before granting any agent(s) or subcontractor(s) access to these data and require the agent(s) or subcontractor(s) to agree to the same restrictions and conditions that apply to the Hospital;
8. Obtain MDHHS approval prior to publishing information or papers resulting from data provided by the MDHHS through MI-EMSIS Hospital Hub. If approval is granted, the data recipient will acknowledge the MDHHS program as appropriate (e.g., source of data, etc.), assume full responsibility for the analysis and interpretation of the data, and provide a copy of the publication to MDHHS;
9. Destroy all original and copies of potentially identifiable information, in any format, in accordance with industry standards when no longer needed. This includes, but is not limited to, magnetic tapes, micro disk files, paper records, etc. Data destruction may be executed by such means (examples only) as using a CD/DVD shredder, a paper shredder or pulverize, or a magnetic tool to erase floppy or zip disks;
10. Clean computer hard drives of any stored MI-EMSIS Hospital Hub data in accordance with industry standards before disposing of, and
11. Not use the data provided to engage in any method, act, or practice which constitutes a commercial solicitation or advertisement of goods, services, or real state to consumers.

The MDHHS may cancel this agreement and the Hospital's access to MI-EMSIS Hospital Hub at MDHHS's discretion.

The unauthorized use or disclosure of confidential information is punishable by imprisonment or fine or both under state and federal laws specific to the data released.

I, the Responsible Hospital Representative, have read, understand, and agree to the above conditions on the Hospital's behalf.



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### RESPONSIBLE HOSPITAL REPRESENTATIVE

I affirm that all statements I have made on this form are true and accurate to the best of my knowledge and my electronic signature is considered my personal signature.

Name (Print): \_\_\_\_\_

Signature:

Title:

Date:

\_\_\_\_\_

### (BELOW SECTION COMPLETED BY MDHHS EMS OFFICE)

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#### **MDHHS SIGNATURES** **MDHHS AGENT/SPONSOR**

Name of MDHHS Agent/Sponsor (Type or Print):

Title:

\_\_\_\_\_

\_\_\_\_\_

Signature of MDHHS Agent/Sponsor:

Date:

\_\_\_\_\_

\_\_\_\_\_

#### **MDHHS RESPONSIBLE PARTY**

Name of MDHHS EMS Director/Manager:

Title:

\_\_\_\_\_

\_\_\_\_\_

Signature of MDHHS EMS Director/Manager:

Date:

\_\_\_\_\_

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