

New Jersey Health Information Network

PARTICIPATION FORM

I, _____ (Name of Provider or Authorized Representative), of
_____ (Practice or Organization Name) would like to participate
in New Jersey Innovation Institute's New Jersey Health Information Network (NJHIN) program use
cases, which are:

1. **Transitions of Care (TOC)** – the ability to receive Admission, Discharge, and Transfer notifications for my organization's patients, which leverages my current participation in a participating Health Information Exchange (HIE).
2. **Immunizations Registry Query** – the ability to request Immunizations History from the New Jersey Department of Health (NJDOH), which also leverages my current participation in a participating HIE.

I understand that if I participate, I will receive the following:

- **NJHIN use case onboarding instructions and training (at no cost)**
 - Baseline and Final clinical workflow assessments
 - Transitions of Care (TOC) use case
 - Receive Admission, Discharge, and Transfer notifications
 - Immunization Registry Query use case
 - Find out Immunization History
- **Health Information Exchange**
 - Onboarding assistance to providers who have selected to participate in a Health Information Exchange
 - Education and HIE Portal access (as provided by the selected HIE)

I understand that this form is not legally binding and that I may revoke my participation at any time.

Signature of Provider or Authorized Representative: _____

Date: _____