

AHA Analytics System Authorization for Access to Hospital-Specific Reports

Each hospital system must designate the authorized users who should be given access to AHA Analytics reports that contain hospital-specific data. Each authorized user will then sign an Individual User Agreement for Access to Hospital-Specific Reports before being given report access. Users must be approved by the system CEO or individuals who have been previously officially designated to authorize additional users.

Please complete this authorization for access to systemwide hospital-specific reports and return it to Donald McCormick, Director of Analytics and Financial Policy (dmccormick@arkhospitals.org).

| Authorized Users | Check boxes, as applicable. |
|--|---|
| Name: _____ Title: _____ Email: _____ Phone: _____ <input type="checkbox"/> Check here if this person may authorize additional users. | <input type="checkbox"/> Strategic Planning Static Reports Interactive Reports* <input type="checkbox"/> Quality Static Reports Interactive Reports* <input checked="" type="checkbox"/> Interactive Community Health Reports <small>(available to all users)</small> |
| Name: _____ Title: _____ Email: _____ Phone: _____ <input type="checkbox"/> Check here if this person may authorize additional users. | <input type="checkbox"/> Strategic Planning Static Reports Interactive Reports* <input type="checkbox"/> Quality Static Reports Interactive Reports* <input checked="" type="checkbox"/> Interactive Community Health Reports <small>(available to all users)</small> |
| Name: _____ Title: _____ Email: _____ Phone: _____ <input type="checkbox"/> Check here if this person may authorize additional users. | <input type="checkbox"/> Strategic Planning Static Reports Interactive Reports* <input type="checkbox"/> Quality Static Reports Interactive Reports* <input checked="" type="checkbox"/> Interactive Community Health Reports <small>(available to all users)</small> |

** Hospital submission of discharge data is required to access these reports.*

| Authorized Users | Check boxes, as applicable. |
|---|---|
| Name: _____ Title: _____ Email: _____ Phone: _____ <input type="checkbox"/> Check here if this person may authorize additional users. | <input type="checkbox"/> Strategic Planning Static Reports Interactive Reports* <input type="checkbox"/> Quality Static Reports Interactive Reports* <input checked="" type="checkbox"/> Interactive Community Health Reports <small>(available to all users)</small> |
| Name: _____ Title: _____ Email: _____ Phone: _____ <input type="checkbox"/> Check here if this person may authorize additional users. | <input type="checkbox"/> Strategic Planning Static Reports Interactive Reports* <input type="checkbox"/> Quality Static Reports Interactive Reports* <input checked="" type="checkbox"/> Interactive Community Health Reports <small>(available to all users)</small> |
| Name: _____ Title: _____ Email: _____ Phone: _____ <input type="checkbox"/> Check here if this person may authorize additional users. | <input type="checkbox"/> Strategic Planning Static Reports Interactive Reports* <input type="checkbox"/> Quality Static Reports Interactive Reports* <input checked="" type="checkbox"/> Interactive Community Health Reports <small>(available to all users)</small> |

* Hospital submission of discharge data is required to access these reports.

The above employee/agent is authorized to access hospital-specific data on behalf of the undersigned hospital system.

The system hospitals, which are listed on the following page, must be owned, leased, sponsored, or contract managed by a central organization.

The system agrees to: (1) comply with and require all authorized users to comply with the AHA Analytics Data Release Policy for Hospital-Specific Reports, as amended from time to time; and (2) inform anyone with access to this information of the AHA Analytics Data Release Policy for Hospital-Specific Reports and its intent that these hospital-specific data are to be used only within the hospital/system.

By signing below, I warrant that I have the authority of my health system to authorize access for the above-named employee/agent to hospital-specific data for the hospitals listed below my signature.

Signature: _____

Printed Name: _____

Date: _____

System: _____

System Hospitals

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____