



**HENRY FORD
MACOMB HOSPITALS**

LETTER of AGREEMENT

DATE

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone Number: _____

Email: _____

This confirms the agreement between _____ (Subscriber) and Henry Ford Macomb Hospitals (HFMH), Faith Community Nursing Network. The term of this agreement is _____, 20__ through _____, 20__. Subject to HFMH's right to terminate as otherwise provided in this Agreement, Subscriber may annually renew the subscription for up to a total of three (3) years upon paying the Subscription Fee for the renewal year at least thirty (30) days prior to expiration of the then existing term. In the event the fees change, HFMH shall provide notice of the fee change sixty (60) days prior to expiration.

Upon receipt of the invoice, Subscriber will pay HFMH a Start Up Fee of \$99.00 for use of the FCN/Health Ministries Documentation and Reporting System. The FCN/Health Ministries Documentation and Reporting System refers to the site located at web address www.fcndocumentation.com.

From time to time, Web Applications experience difficulty. Subscriber will NOT be reimbursed for downtimes UNLESS they exceed 168 hours (7 days). After 168 hours, the subscriber will be reimbursed for downtime at a rate of \$0.27 (27 cents) per day.

Cancellation of the subscription by Subscriber will not result in reimbursement of any portion of the fee.

On behalf of the Subscriber, by my signature below, I acknowledge that Subscriber has been informed of and agrees to the following:

1) Minimum specifications (hardware and software) needed to successfully operate this application. To use the FCN/Health Ministries Documentation and Reporting System you must have the following system requirements:

- Microsoft Window 2000 or higher operating system
- CPU: 1Ghz processor or higher
- Memory: 512 MB or higher
- Storage Space: Minimum of 100 MB of free space on hard drive

- Minimum resolution of 1024 x 768 with 16 bit color depth display
- Internet connection using Internet Explorer version 8, Chrome, latest Firefox version or any other Web browser that is fully compatible with these browsers
- Microsoft Excel 2000 or higher

- 2) Subscriber's right to terminate this agreement at any time in writing.
- 3) That Subscriber will not be reimbursed for any Subscription Fees paid should Subscriber terminate early.
- 4) That HFMH has the right to terminate the subscription at any time without cause with reimbursement of the remaining prepaid months. Should this termination occur on or before the 15th day of the month, HFMH will reimburse Subscriber for the month. Should this occur on or after the 16th day of the month, Subscriber will NOT be reimbursed for that month.
- 5) Fees for portions of a month will not be prorated.
- 6) It is the responsibility of Subscriber/Users to practice within the law and delegated activities and protocols of their state and congregation. HFMH shall have no responsibility or liability in this regard. Subscriber understands that none of the shared data reports on the FCN Website contain Protected Health Information (PHI). The Patient Profile is the only component of the FCN documentation that contains PHI. This information is input by the faith community (parish) nurse caregiver and ONLY that nurse has access to that information. Therefore, HFMH highly recommends that the Subscriber/User shares their password with no one. HFMH does not have access to that PHI and it is never shared with other subscribers. If for any reason Subscriber or one of its faith community nurses suspects that such PHI has been accessed without authorization or security has been otherwise breached, Subscriber shall cause HFMH to be immediately notified of such breach so that the entity hosting its website can immediately investigate the suspected breach and re-secure the website as necessary. The Subscriber and/or the faith community (parish) nurse shall be responsible for notifying any and all patients of any unauthorized disclosure of PHI in accordance with HIPAA.
- 7) In the case of a password being reset by HFMH (at the request of the Subscriber/User), the Subscriber/User is responsible to access the User Profile and change the password immediately.

Kindly complete the information requested (please be precise) and sign below to confirm Subscriber's acceptance of the terms of this Agreement.

Name of Congregation: _____

Denomination: _____

Pastor: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone Number: _____

I, _____ have read, understood, am in agreement
(Subscriber/User's Name – PLEASE PRINT)
with, the above terms and conditions.

(Subscriber/User's Name – SIGNATURE)
Its: _____
Date: _____

Mail Payment and Letter of Agreement to:

Henry Ford Macomb Hospitals
Faith Community Nursing Network
C/o Madelyn Humbert
43421 Garfield Rd. Suite 203
Clinton Township, MI 48038

Address all issues and notices to:
Henry Ford Macomb Hospitals
586-263-2116; mhumber1@hfhs.org

OR Ameldia Brown, Director (586) 263-2119
abrown1@hfhs.org