

**CHEST PAIN - MI REGISTRY PUBLIC REPORTING PROGRAM CONSENT FORM**  
**Internal code: PUBLIC\_REPORTING\_CHEST**

**ADDENDUM TO THE AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION  
NATIONAL CARDIOVASCULAR DATA REGISTRY AGREEMENT BY AND BETWEEN THE  
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION AND PARTICIPANT.**

**CONSENT FORM AUTHORIZING AND DIRECTING  
THE AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION  
TO PUBLICLY REPORT THE RESULTS OF  
THE CHEST PAIN - MI REGISTRY REPORTING PROGRAM**

\_\_\_\_\_ ("Participant") and the American College of Cardiology Foundation ("ACCF") acknowledge and agree as follows:

1. Participant has entered into an Agreement with ACCF to provide certain aggregate data to ACCF's National Cardiovascular Data Registry ("NCDR") Chest Pain - MI Registry™ and to receive certain comparative reports from ACCF (the "Agreement").
2. The data provided by Participant to ACCF under the Agreement includes facility, physician, and patient-level data. Such data shall be referred to herein as the "Chest Pain - MI Data". Participant acknowledges that in submitting Chest Pain - MI Data, it shall comply with the Chest Pain - MI Registry Core Data Element Documentation. Participant agrees to submit patient-level data in accordance with published data specifications.
3. Participant acknowledges that the results of the Chest Pain - MI Public Reporting Project ("Project") will be made publicly available. Such results may include, but are not limited to the following information: Hospital name, Hospital city/state, Hospital aggregated measure data, and Hospital categorical measure performance (i.e. better than registry, same as registry, worse than registry) for the specific measures specified by the Project, which may change from time to time and are identified in the Program Requirements document found in <http://www.ncdr.com/programrequirements>.
4. Participant authorizes and directs ACCF to report the results on public websites which may include, but are not limited to [www.Cardiosmart.org](http://www.Cardiosmart.org) and/or the Centers for Medicare and Medicaid Services ("CMS") Hospital Compare. Participant acknowledges that specific locations where results will be reported may change from time to time and are identified in the Program Requirements document.
5. This Addendum shall be effective for the duration of Participant's participation in the Project. This Addendum may be terminated by Participant or ACCF upon written notice at any time. Termination of this Addendum shall not constitute a termination of the Agreement, unless otherwise provided by Participant or ACCF.
6. As amended by this Addendum, the Agreement is in all respects ratified and confirmed, and the Agreement and this Addendum shall be read, taken, and construed as one and the same instrument. To the extent any inconsistency exists between the Appendix A Business Associate Agreement which is attached to the Agreement and this Addendum, the terms of such Appendix A Business Associate Agreement shall control. In all respects not inconsistent with the terms of this Addendum, the Agreement is hereby ratified, approved, and confirmed.

**[SIGNATURE PAGE TO FOLLOW]**

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**IN WITNESS WHEREOF**, each of the Parties hereto has caused this Addendum to be entered into and made effective this \_\_\_\_\_, 20\_\_\_:

<b>PARTICIPANT</b>	<b>ACCF</b>
Participant #: _____	Signature: _____
Signature: _____	Name: Lisa M. Hix
Name: _____	Title: General Counsel
Title: _____	Date: _____
Email: _____	
Date: _____	

Please email this completed form to:  
[ncdrmail@acc.org](mailto:ncdrmail@acc.org)