

AHA MISSION LIFELINE DATA RELEASE CONSENT FORM

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

AND _____

DATA RELEASE CONSENT FORM
AUTHORIZING AND DIRECTING THE AMERICAN COLLEGE OF CARDIOLOGY
FOUNDATION TO TRANSMIT DATA FINDINGS TO DUKE UNIVERSITY

_____ (“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 patient row level data to ACCF’s National Cardiovascular Data Registry (“NCDR”) ACTION Registry[®]-GWTG[™] and to receive certain comparative reports from ACCF (the “Agreement”). 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 “ACTION Registry Dataset.”
2. Participant acknowledges that it has been informed that ACCF and AHA have entered or will enter into an agreement; the purposes of such agreement are to provide the ACTION Registry Dataset on the behalf of Participant for the American Heart Association’s (“AHA”) Mission Lifeline (“M:L”) program.
3. Participant acknowledges that it has been informed that ACCF and Duke University (“Duke”) have entered or will enter into an agreement; the purposes of such agreement is to provide data to Duke acting as AHA’s subcontractor on the behalf of Participant for AHA Mission Lifeline (“M:L”) program. Such data shall be used to produce M:L reports and to conduct cardiovascular research using a Limited Dataset as permitted by the Business Associate Agreement and consistent with the limitations imposed.
4. Participant has registered with the AHA for participation in the M:L program and such registration contemplates the transmission of the ACTION Registry Dataset by ACCF (on behalf of Participant) to Duke a subcontractor of AHA for M:L.
5. Participant authorizes and directs ACCF to transmit the ACTION Registry Dataset to Duke University for the purposes described above.
6. This Addendum shall be effective for the duration of M:L or the Agreement, whichever is shorter. 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.
7. 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 Business Associate Agreement which is attached to the Agreement and this Addendum, the terms of such Business Associate

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Agreement shall control. In all respects not inconsistent with the terms of this Addendum, the Agreement is hereby ratified, approved, and confirmed.

IN WITNESS WHEREOF, each of the Parties hereto has caused this Addendum to be executed as of the _____ day of _____, 20____:

PARTICIPANT	ACCF
Participant #: _____	Signature: _____
Signature: _____	Title: _____
Title: _____	Date: _____
Date: _____	
E-mail Address: _____	
Phone: _____	

Please remit this completed form to the following address:
The American College of Cardiology Foundation
Attn: NCDR Product Support Team
P.O. Box 79231, Baltimore, MD 21279-0231
Or scan and email completed form to:
ncdr@acc.org