

NDHIN

North Dakota Health Information Network

Quality Healthcare for All North Dakotans, Anywhere, Anytime.

NDHIN Participation Agreement Instructions

Please note that all information must be provided in each section (i.e. address, phone, email, etc.). Print out **ALL** pages when submitting the documents.

- **NDHIN Participation Agreement**

- Page 12 – List the Authorized Representative and all their information that shall receive notices.
- Page 13 – Authorized Representative shall enter all information and sign under ‘In Witness of this’ if participating in the NDHIN. If participating in NDHIN Direct, enter information and sign **ONLY** under ‘LIMITED PARTICIPATION’. (Sign in only the appropriate section)
- Page 14 - **MUST** be filled out and signed in front of a notary by the Authorized Representative. If you have it notarized in another state, cross off “North Dakota” and identify the state where the document was notarized. Fill in the Effective Date with the signed date.
- Page 14 – List the Participant’s Direct messaging principal contact.
- Page 17, Exhibit C – Must be filled out by an Authorized Representative. Fill in the Effective Date with the signed date.

- **NDHIN Business Associate Agreement**

- Page 4 - List the Authorized Representative and all their information that shall receive notices.
- Page 5 - Must be filled out by an Authorized Representative.

- **Document Submittal Process**

- Scan **ALL PAGES** of the documents and email to ndhin@nd.gov.
or
- Send **ALL PAGES** of the documents to:
ND Health Information Network
Attn: Robin Hirsch
600 East Boulevard Ave, Dept. 112
Bismarck, ND 58505

If you have questions, please email us at ndhin@nd.gov or call toll free at (855)761-0534.