

Epic Nexus QHIN Participation Agreement Attestation for OCHIN Members

OCHIN Inc. (“OCHIN”) has signed a participation agreement in order to participate in the Epic Nexus QHIN for integration with the Trusted Exchange Framework and Common Agreement (“TEFCA”) as a Participant. As OCHIN and its collaborative members participate in an organized healthcare arrangement (“OHCA”), all OCHIN collaborative members must attest to their participation in TEFCA as a Sub-Participant to OCHIN. By signing this attestation, [MEMBER] acknowledges that we have read, understood, and agree to comply with all the requirements and obligations outlined in the Epic Nexus QHIN Participation Agreement as a Sub-Participant to OCHIN.

We understand that adherence to these terms is essential for maintaining the integrity and security of health information exchange and for ensuring the privacy and protection of patient data. Participation in TEFCA is contingent upon all Participants and Sub-Participants agreeing to the same terms and conditions and OCHIN and its Members will follow these same requirements.

We understand that failure to comply with the terms of the Epic Nexus QHIN Participation Agreement may result in termination of the OCHIN collaborative’s participation in the TEFCA network and other legal consequences.

Please find attached a copy of the Epic Nexus QHIN Participation Agreement for your reference.

Sincerely,

[Authorized Representative’s Name]
[Title] Director of Health Services
[Clinic’s Name]
[Signature]
[Date]

Reviewed and Approved as to Form

By: Stacy Saetta
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Name: Stacy Saetta

Title: Chief Deputy County Counsel

Date: 1/21/2025 | 1:07 PM PST