

## For Your Assistance:

### Instructions for completing and executing the Society of Thoracic Surgeon's Standard Form Business Associate Contract and Data Use Agreement (Standard Form Agreement)

The following instructions are intended to assist you in completing the essential components of the Standard Form Agreement. Please have the appropriate individuals at your institution sign **BOTH COPIES** of the Standard Form Agreement.

For your ease, we have filled out the Preamble section of the Standard Form Agreement based on the information provided on your institutions STS Participation Agreement or its amendments. Following is an explanation of the areas that we have completed.

1. **Section "b"**: if the participant is an individual or group of cardiothoracic surgeons only, then section "b" has been completed. The required information for section "b" is as follows:
  - The first blank requires the name of the surgeon or surgical group.
  - The second blank requires the address for the surgeon or surgical group.
2. **Section "c"**: if the participant is **both** a cardiothoracic surgeon, or surgical group **and** a hospital (this is solely at the surgeon(s) discretion), then sections "b" and "c" have been completed. The required information for section "c" is as follows:
  - The first blank requires the name of the entity, the healthcare network (e.g., Missouri Corporation, Louisiana Limited Liability Company, etc.) authorized to enter into contracts on behalf of the surgeon(s)' hospital.
  - The second blank requires the entity's form of business organization (e.g., a Non-profit, For-Profit, Governmental VA, etc.)
  - The third blank requires the name of the surgeon(s)' hospital.
3. **Signatures**: The final page of the Standard Form Agreement
  - The first area for signatures will be signed by the Executive Director of the STS once the Standard Form Agreements have been signed by the appropriate individual(s) at your institution and sent back to the STS.
  - The second area for signatures is to be signed by the identified surgeon in section "b" or the primary surgeon for the surgical group identified in section "b". The signing individual needs to fill in their title.
  - The third area for signatures is to be signed by the appropriate individual of the hospital named in section "c". The signing individual needs to fill in their title. If section "c" is not completed then no signatures are required in this section.
4. **Upon completion**: please send both signed copies of the Standard Form Agreement back to the STS by mail to:

The Society of Thoracic Surgeons  
633 N. St. Clair  
Suite 2320  
Chicago, Illinois 60010  
Attn: Lauracyn Montgomery

Upon the Executive Director of the STS signing both copies of the Standard Form Agreement, one copy will be mailed back to the Primary Data and File Contact at the institution, while the second copy remains at the STS.