

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.

Preamble:

1. **Section "b"**: if the participant is an individual or group of cardiothoracic surgeons only, then section "b" must be 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" must be 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 address for the healthcare network.
 - The forth 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.