



Cerner Corporation is collaborating with public health authorities, including the White House Task Force and the U.S. Centers for Disease Control and Prevention (CDC), to assist in monitor and respond to the rapidly evolving Coronavirus Disease 2019 (COVID-19) for the duration of the global pandemic crisis. We need your consent to disclose necessary data to the White House Task Force, CDC and other public health authorities as part of this initiative.

Pursuant to 45 CFR §164.512(b), HIPAA covered entities are permitted to disclose protected health information to public health authorities for the purpose of preventing or controlling injury, or disability, including, but not limited to, the reporting of disease, injury, and the conduct of public health surveillance, public health investigations, and public health interventions.

With your consent, and on your behalf, Cerner will submit the following data from your Cerner Millennium® and/or HealthIntent® platforms to the White House Task Force, CDC and other health authorities:

- Electronic Lab Results
- Syndromic Surveillance
- Hospital Census Data

Such data elements may include but not be limited to the following:

Emergency Room visits
 Inpatient Room census
 Isolation room census
 ICU admissions/census
 Hospital Beds
 Disaster/Expansion beds
 ICU beds disaster/conventional
 Ventilator usage
 Respiratory Isolation Room capacity and usage
 Rooms containing PUI and COVID-19 positive test patients
 Positive COVID-19 test
 Negative COVID-19 test
 Pending COVID Test
 COVID Patient Age
 COVID Patient sex
 COVID patient zip code
 Respiratory illness visits
 COVID lab test ordered
 COVID lab tests on hand
 PPE inventory
 Medical Supplies relevant

Such limited data sets may include but not be limited to the following:

Co-morbidities
 Treatments provided
 Laboratory Results
 Vital Signs
 Duration of Stay
 Disposition (admitted, admitted to ICU, deceased)

Cerner requests that you appoint a primary point of contact to be responsible for communications and data validation, as applicable.

I hereby consent for Cerner Corporation to submit the data elements described above to the CDC and other public health authorities, on my organization's behalf, for the duration of the 19 global pandemic crisis, as determined by CDC, and represent that I am duly authorized to bind my organization to this authorization.

Accepted and Agreed:

Click to Accept

Organization Name:

Name:

Title:

Date:

Client Primary Contact:

Name:

Title:

Email:

Phone:

Finish

Drag to outliner or Upload

Close