

SEMHIIE Advisors

October 29, 2007

Description

The Southeast Michigan Health Information Exchange (SEMHIIE) has created a role for Advisors to provide SEMHIIE with expertise, best practices and fresh insights.

Serving as a forum for input, SEMHIIE Advisors will advise and support the SEMHIIE Governance Committee*, work groups, and subcommittees in areas including:

- Best practices
- Industry expertise
- Research
- Contacts and prospects
- Events and promotions
- Fundraising and grant applications
- Pilots, whitepapers, reports, briefings, publications

Terms of Participation

Advisors are not permanent members of the exchange and will instead be selected to provide periodic consultations, appearances and project specific work. Conditions and duration of association will be determined by the SEMHIIE Governance Committee and work groups.

Selection Process

Advisor participants will be considered based on the alignment of their potential contribution to the SEMHIIE project. Advisor participation can be requested by the SEMHIIE Governance Committee members or work groups chairs through the following steps:

1. Completion of Advisor participation form detailing terms and purpose of participation
2. Disclosure form documenting potential conflicts of interest
3. Majority agreement of the SEMHIIE Governance Committee on potential Advisor

These steps may be conducted virtually (consideration via email).

The selection of Advisor participants should not be burdensome and should ensure fair and ethical selection of participants who will most faithfully and effectively serve the goals and mission of SEMHIIE.

* Until such time as the official Governance Committee is elected the Initial Governance Committee serves in this role

SEMHIIE Advisors Participant Request Form

The following has been requested to participate in the SEMHIIE Advisors due to their potential contribution to the goals and mission of SEMHIIE. Disclosure of potential conflicts of interest is attached.

Participant Information:

	Date:
Name:	Organization:
Phone:	e-mail:

Primary Participant Role:

<input type="checkbox"/>	Advisory/Consultative
<input type="checkbox"/>	Project Support
<input type="checkbox"/>	Vendor
<input type="checkbox"/>	Other: _____

What are the objectives of this person/organization engaging with SEMHIIE?

What value, outcomes and alignment with SEMHIIE’s goals could this person/organization provide to SEMHIIE?

Requesting SEMHIIE body:

Submitted by:

<input type="checkbox"/>	Governance Committee
--------------------------	----------------------

Comments:

<input type="checkbox"/>	Business Planning Work Group
<input type="checkbox"/>	Governance Work Group
<input type="checkbox"/>	Community Benefit Work Group
<input type="checkbox"/>	Functional Design Work Group
<input type="checkbox"/>	Stakeholder Value Work Group
<input type="checkbox"/>	Technical Design Work Group

Duration of Participation: ___ / ___ / ____ through ___ / ___ / ____

Request Form approved and Conflict of Interest Disclosure reviewed by Governance Committee:

Yes No Date: _____

**Southeast Michigan Health Information Exchange Advisors
Conflict of Interest Disclosure Form
December 2006**

The Southeast Michigan Health Information Exchange (SEMHE or Exchange) has determined that participants of the Exchange should disclose any conflict of interest in matters under consideration by the Exchange. SEMHE Advisor participants are required to submit the following *Conflict of Interest Disclosure Form* with their Participation Agreement.

Definition of Conflict of Interest:

A conflict of interest exists when a participant has a clear financial or personal interest in a matter under consideration by the Exchange. A personal interest of a SEMHE participant includes the intention of the participant, an organization that the participant is affiliated with, or participant's employer to market or sell a service or product to the Exchange, even though the participant may not receive any pecuniary remuneration as a result. A financial interest of an Advisor participant includes the intention of the participant or participant's employer to receive monetary remuneration, from the Exchange.

Organizational Designee: _____
(please print or type name on line above)

Organizational Affiliation: _____

Please Check One of the following:

I **do not** now have, nor do I anticipate having any conflicts of interest as defined above

I **do** have, or I anticipate having, a conflict(s) of interest as defined below:

Should my interests change so that this Form, dated on the signature line below, is no longer accurate, I will immediately disclose the new information by submitting a new Form for review by the Exchange's Governance Committee.

By submitting and signing this Form, I acknowledge that:

1. This is a public document, and I authorize all Participating Members of the Exchange to review this information.
2. The Exchange, in its sole discretion, may limit my participation or require resignation of my participation in the Exchange in the case of a conflict of interest.
3. Persons or entities with a defined conflict of interest will not serve as a chair of any workgroup or committee of the Exchange.

Signature _____

Date: _____