

The Statewide Planning and Research Cooperative System (SPARCS), within the New York State Department of Health, collects patient information from New York healthcare facilities. The result of this system is a precise, comprehensive record of medical and billing elements for researchers, hospitals, and other health-related agencies and projects.

Multiple vendors and industry associations (hereafter referred to as “the vendor”) throughout the state represent New York’s hospitals and medical institutions. Several of these groups access and/or submit patient data to SPARCS as a service to its clients. For facilities utilizing this benefit, SPARCS requires the written notification of both organizations recognizing the access and distribution arrangements.

The attached document affirms the partnership between the facility and the vendor, as well as **the facility’s authorization allowing its confidential SPARCS patient data to be processed by the vendor**, including submission and retrieval of the data. This agreement notification form will assure that:

- A formal agreement exists between the vendor and the facility.
- The facility will provide the vendor with appropriate and accurate patient information.
- The vendor will act on behalf of the facility by properly accessing and/or submitting the SPARCS patient data through a secure electronic network according to specifications provided by the Commissioner.

To complete the form, representatives from both the facility and vendor must sign the agreement notification and mail to:

SPARCS Operations  
Bureau of Health Informatics  
Office of Quality and Patient Safety  
New York State Department of Health  
ESP, Corning Tower, Room 1970  
Albany, New York 12237

OR

email to:

sparcs.submissions@health.ny.gov

This agreement notification is set to renew automatically, on an annual basis. Should either party wish to void the agreement, please notify SPARCS Operations at the above email. Should any change in facility or vendor representation occur, SPARCS requires that a new agreement be signed by both parties. Vendors are responsible for updating their user list whenever there is a change in user status.

## FACILITY ACKNOWLEDGMENT

By submitting this form, I, \_\_\_\_\_, as a representative of \_\_\_\_\_, hereby authorize \_\_\_\_\_ to access and/or submit our collected healthcare information to SPARCS.

I understand that it is the responsibility of our organization to provide reliable patient data information to \_\_\_\_\_. We accept responsibility for inaccurate reporting and will immediately notify \_\_\_\_\_ and SPARCS of any errors and initiate a correction process.

Should our facility decide to terminate the services of the above vendor, our designated coordinator will notify SPARCS of the modification. Additionally, should there be a change in contact person at our facility regarding the distribution of SPARCS data; we will notify \_\_\_\_\_ and SPARCS Operations with new contact information.

I acknowledge and affirm on behalf of \_\_\_\_\_ that \_\_\_\_\_ has a formal agreement with our organization and has valid permission to access and/or submit our facility data.

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## VENDOR ACKNOWLEDGMENT

On behalf of \_\_\_\_\_, I, \_\_\_\_\_, hereby certify that we have a formal agreement to represent \_\_\_\_\_ and have been authorized to access and/or submit the facility's data to SPARCS.

I understand that it is my responsibility to accurately submit the patient healthcare data collected and produced by \_\_\_\_\_ to SPARCS and to adhere to the specifications in the agreement with the facility.

Should there be a change in representation at \_\_\_\_\_ regarding the access and/or submittal of facility data, we will notify \_\_\_\_\_ and SPARCS Operations with new contact information.

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