

Provider Organization Trust Agent Agreement

Trust Agent Appointment

Provider Organization appoints the agent in its order with Allscripts as the trust agent (the "Trust Agent"):

Registration Authority

The Electronic Healthcare Network Accreditation Committee accredited Registration Authority for this Trust Agent Agreement is: MedAllies, Inc.

Provider Organization hereby represents, agrees and warrants as follows:

1. Trust Agent.

- a. The person appointed above meets the requirements set forth herein to provide identity verification services by and through the Provider Organization, and on behalf of the registration authority contracted with by Allscripts for each applicant who requests access to the Allscripts Community Direct Messaging ("ACDM") services (each, an "Applicant").
- b. The Trust Agent shall: 1) be loyal and trustworthy and have high integrity; 2) be an employee of the Provider Organization or a member of Provider Organization's workforce within the meaning of 45 CFR 160.103; 3) be legally eligible to work in the United States; 4) be willing to participate in training with regard to the role of the Trust Agent in the identity proofing process; and 5) have a reasonable understanding of public key infrastructure principles and operations (Trust Agent may satisfy this last criteria by participating in the training referenced in subclause (4) of this paragraph after Provider Organization enters into this Agreement and designates such Trust Agent).
- c. In the event the Trust Agent fails to meet the requirements in subsection 1(b) or ceases to be the Trust Agent, Provider Organization shall promptly appoint a replacement Trust Agent and shall execute a new version of this agreement and promptly submit it to Allscripts. In addition, Provider Organization shall promptly notify Allscripts of any change in the contact information of the Trust Agent.
- d. Provider Organization will, at all times, require its Trust Agent to comply with the requirements set forth below before forwarding the name of any Applicant for ACDM access to Allscripts.

2. Identity Proofing.

- a. Provider Organizations shall use reasonable and prudent means to validate an Applicant's identity, and the Trust Agent's identity, in accordance with applicable laws, policies, rules, and regulations (collectively, the "Rules"), which currently includes obtaining proof of identify for employees or workforce members.
- b. Applicants whose identity has been verified by Provider Organization prior to the effective date of this Provider Organization Trust Agent Agreement through an existing identity verification procedure that complies with the requirements above **do not require** further verification or identity proofing.

3. Changes to Identity Proofing Requirements.

The identity proofing procedures shall be changed if required by the Rules, and may be changed upon the mutual agreement of the parties hereto. In the event any changes are required by the Rules, then, unless the deadlines imposed by the Rules require a shorter time period for compliance, Allscripts shall provide reasonable advance written notice, but at least ninety (90) days.

4. Record Retention Requirements.

Provider Organization acknowledges and agrees that it is solely responsible for maintaining, and shall ensure that the Trust Agent maintains, records of the identity proofing process in accordance with the Rules.

5. Reporting Requirements.

- a. The Provider Organization shall ensure that the Trust Agent promptly delivers to Allscripts the names of all Applicants whose identity has been authenticated and verified in accordance with this Trust Agent Agreement (each, a "Registrant"), and to use reasonable precautions to secure such information during delivery to Allscripts. The name of each Registrant must be provided by the Trust Agent to Allscripts, and by Allscripts to the registration authority, before the Registrant will be provided access to the ACDM services.
- b. Provider Organization acknowledges and agrees that it is solely responsible for ensuring that all information provided by it or the Trust Agent to Allscripts is provided in a timely manner and is accurate, current, and complete.
- c. Provider Organization and Trust Agent shall immediately notify Allscripts and request that any given Registrant's identity verification be revoked if: (1) the Provider Organization or Trust Agent becomes aware that the Registrant's information provided to Allscripts is not, or is no longer, accurate or current (e.g., due to a name change); or (2) the Provider Organization or Trust Agent becomes aware that the Registrant is no longer employed by, associated with, authorized by, or affiliated with the Provider Organization.