

CVHP Legal Services Department Contract Review/Approval



Requests for contracts must be submitted in advance of effective date as follows:
30 days for physician contracts
60 days for non-physician contracts

Must be completed for processing

Submitted by: _____
 Department: _____
 Extension/Email: _____
 Meditract Number: _____
 Date Submitted: _____

Processing: Submit to Legal Department by e-mail to: contracts@mail.cvhp.org

Questions?: Contact Jackie Winkler, Paralegal/Exec. Legal Assistant, x22532

Please note: The negotiated contract may be executed by CVHP only after the legal department has signed this contract review/approval form.

1. Contract action needed:	<input type="checkbox"/> AMEND <input type="checkbox"/> NEW <input type="checkbox"/> RENEW <input type="checkbox"/> TERMINATE	<input type="checkbox"/> CERTIFICATE OF INSURANCE (No other sections required to be completed, forward directly to Finance)
2. Contract Start Date	Effective date of contract: _____	
3. Responsible party	Primary: _____ Secondary: _____	
4. Contracting party	_____	
5. Is contracting party a physician or medical group?	Yes (Circle, if applicable)	No (Circle, if applicable)
		If YES , only CEO can execute agreement.
6. Entity(ies) involved	<input type="checkbox"/> CVHP <input type="checkbox"/> CVMC (ICC & Queen) <input type="checkbox"/> FPH <input type="checkbox"/> H/HH <input type="checkbox"/> ICC <input type="checkbox"/> QUEEN <input type="checkbox"/> OTHER _____	
7. Type of contract *(Refer to legend on pg. 4)		
8. Purpose of Contract (Detailed explanation of what the involved parties are trying to accomplish or purchase.)		
9. Is contract a real estate lease agreement?	Yes (Circle, if applicable)	No (Circle, if applicable)
		If YES , only CEO can execute agreement.
10. Has CVHP entity contracted with this party in the past?	Yes (Circle, if applicable)	No (Circle, if applicable)
		If YES , attach a copy of the prior agreement <u>and</u> any amendment(s).

11A. Does the contract involve software or hardware? 11B. Has Information Services Steering Committee (ISSC) approved?	Yes (Circle, if applicable) Yes (Circle, if applicable)	No (Circle, if applicable) No (Circle, if applicable)	If YES, when was it evaluated? Date: _____ If NO, ISSC must first approve prior to implementation.	
12. Does the contract involve access, use or disclosure of PHI?	Yes (Circle, if applicable)	No (Circle, if applicable)	If YES, please attach any BAA already received from vendor.	
13. Total Dollar Value of Contract (annual vs. total amount of contract)	\$ _____			
14. Is the contract amount budgeted?	Yes (Circle, if applicable)	No (Circle, if applicable)	If no, is contract amount greater than \$20,000? Yes / No	
15. Annual Evaluation of Contract Services form completed?	Yes (Circle, if applicable)	No (Circle, if applicable)	Must be attached when there is an existing contract. (Located on the Intranet under Contracts tab.)	
Required Signatory for Request	I certify that I have read and understand the terms of this request and have appropriate authority to submit this request on behalf of my department/service line for review. Chief Signature: _____ Print Chief's Name and Title: _____ Date: _____			
Instructions: Refer to Policy & Procedure #A003 "Approval of Agreements and Contracts".				
	Required	Initials	Date	Comments
Chief Financial Officer	<input type="checkbox"/> Yes <input type="checkbox"/> No			
President and CEO	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Required	Initials/Checked	Date	Comments
Medical Executive Committee (TJC Standard LD.04.03.09)	<input type="checkbox"/> Yes <input type="checkbox"/> No			Limited to certain physician contracts.
Legal Department	REQUIRED			N/A for CVIP agreements.

LEGEND:

NON-PHYSICIAN CONTRACTS:

PHYSICIAN CONTRACTS:

<u>Goods & Service contracts</u> <u>(tangible items)</u>	<u>Other contracts</u>	
Construction Equipment, including Service/Maintenance Products (disposable) Purchased Service Service/Maintenance	Affiliation Agreements Business Associates Clinical Education Agreements Construction Consulting DME Suppliers Independent Contractors Leases, Real Estate Software Licenses Staffing\Registry Transfer Agreement Vendor Services Agreement	ED Call Panel Hospice & Home Health Hospital Base Services Agreement Interpretation ITSA Medical Director OB/Gyn Hospitalist (Laborist) Physician Administrative (Physician or Medical Group) Physician Coach Specialty Consult Surgery Assist