

MIBAC Collaborative Quality Improvement Independent Chiropractor Participation Agreement

Legal full name:

Legal entity (of your practice):

I have reviewed the following agreements:

- Expectations for Quality Improvement Participation for non-PO Participants
- QI (L3) Requirements and Responsibilities for Practitioners

Designation of a site lead:

I have designated someone at my office (site lead) to monitor the enrollment, engagement, and verification of clinical form completion

Please list the name and email address of the designated site lead:

1. I am aware that an Electronic Medical Record (EMR) is highly recommended. If our site uses a less-common EMR system or documents on paper, I understand that this may effect my enrollment in the first year of the program.
2. Prior to your enrollment acceptance, Participating Practitioners will attest in writing that all necessary clinic and provider record access is indeed available to the MIBAC Data Auditor.
3. I agree to complete the training sessions required for data entry, and to reply to the MIBAC Coordinating Center within 2 business days when contacted.

I have read and understand the terms stated above.

Signature:

Date:

Please submit this form to the CC at dwalker3@hfhs.org ***no later than*** July 15, 2022

