



**MEMORANDUM OF AGREEMENT
REGIONAL NOTES ACCESS ON eCHAM
[INSERT ALASKA TRIBAL ORGANIZATION NAME]
AND
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM**

This Agreement is made between the Alaska Native Tribal Health Consortium and [insert Alaska Tribal Organization Name] (“THO”) for purposes of access and use of the Regional Notes Feature available on the electronic copy of the Alaska Community Health Aide/Practitioner Manual (eCHAM).

PURPOSE

- a. In May 2014, the CHAP Certification Board voted and agreed to sunset the 2006 CHAM effective December 31, 2014. Beginning January 1, 2015 Community Health Aides/Practitioners (CHA/Ps) would be required to use one of the four presentations of the electronic Alaska Community Health Aide/Practitioner Manual-eCHAM (website, iOS App on the iPad, ePub or PDF).
- b. Regional Notes are part of the eCHAM. The Regional Notes is a functionality that provides each Alaska Tribal Health Organization its own means to create region specific notes in the eCHAM in accordance with the Tribal Health Organization’s approved policies and procedures. This feature promotes the regional differences that have been in existence since the paper edition of the CHAM.
- c. ANTHC and THO agree to set forth conditions on uses of the eCHAM’s Regional Notes.

CONDITIONS ON USES OF ECHAM-REGIONAL NOTES

1. The Regional Notes will allow one administrator to “push” notes to all CHAM users who have a CHAM license associated with their region.
 - It is intended that the THO will see only the notes for their region.
 - Regional Notes are optional and adopted only if requested by the region.
 - If one region requests to see the Regional Notes of another region they collaborate with, the eCHAM staff can accommodate this by assigning more than one region of users to a set of Regional Notes.
2. A Regional Note will appear on the eCHAM website, and the iCHAM (iPad App). Regional Notes will not be available on the ePub, or the PDF.
3. Training (online)
Training will include the following concepts:
 - Who will be able to view a Regional Note
 - How to create/delete a Regional Note
 - What’s appropriate to put in a note
 - Not to include any Patient Identifiable Information
 - Who should review a note prior to it being entered in
 - Proof Reader
 - Medical Director
 - Field Supervisory Staff



- Coordinator Instructor
 - CHAP Director
4. Due to regional differences and where the THO's staff that may work in another region, the user must create separate accounts to have access to the multiple Regional Notes. This is for the purpose of confidentiality and privacy.
 5. The THO and all of its users shall not insert any patient health information in the Regional Notes.
 6. ANTHC and the THO are subject to coverage pursuant to section 314 of Public Law 101-512, 25 U.S.C. § 5321(d), 25 U.S.C. § 1638c, 25 U.S.C. § 1680c(d), or 25 CFR part 900, subpart M.
 7. The THO acknowledges and assumes all the risks associated with creating and using its own Regional Notes in the eCHAM.
 8. Amendments. This agreement may be modified only by a written amendment or modification executed by the authorized representatives of the parties.
 9. Authorized signature Warranties and Representations. Each party represents and warrants that: (1) it is authorized and empowered under applicable laws to enter into and perform this Agreement; (2) it has approved and authorized the execution, delivery, and performance of this Agreement insofar as it pertains to the obligations of the party; (3) all action that may be necessary for the approval, execution, and delivery of this Agreement has been taken; and (4) all of the required and necessary approvals, authorizations, and actions are in effect at the time of the execution and delivery of this Agreement.
 10. Term and termination. This agreement shall be effective upon signature of both parties and continue until termination. Either party may terminate this agreement at any time without cause upon at least thirty (30) days prior written notice to the other party.

TRIBAL HEALTH ORGANIZATION

Signature

Print Name

Date

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Signature

Print Name

Date