

**Nebraska Hospital Association
DATABANK Program
Contact Information**

The DATABANK Participating Agreement is entered into between the Nebraska Hospital Association (NHA) and _____ (“HOSPITAL”) whose facility is located at _____.

I authorize the following individual as the **DATABANK Contact Person**.

Contact Person: _____

Phone Number: _____

Fax Number: _____

E-mail: _____

Responsibilities DATABANK Contact Person include, but are not limited to:

1. Completion of the DATABANK Input Form on-line in accordance with the instructions contained in the DATABANK manual.
2. Submission of the DATABANK input form by the designated schedule.
3. Answering questions NHA may have about the data you submit.
4. Careful review of the reports, which are available on the DATABANK Web Site. The reports will be made available to all users who have valid user names and passwords to the DATABANK Web Site.
5. To carefully administer user names and passwords to the appropriate people within the hospital. Two levels of security are afforded to users; one level allows user to perform the data entry and another level allows users to view the on-line reports.
6. To change your password on a regular basis. Tip: make your password a word not in the dictionary, i.e. “kr22dc4”. Substitute numbers for vowels, a=1, e=2, I=3 etc.
7. Keep the hospital profile up to date with the most accurate information available.

Participating Hospital

CEO/Administrator

Date