

Creative Data Technologies, Inc.

2474 Pale Tiger Ct., Tallahassee, FL 32309

Phone: (850) 264-9065 <http://www.creativedatatech.com>

USER AGREEMENT FOR OAS CAHPS SERVICE

Please provide the following information to obtain account(s) for the OAS CAHPS Service:

Facility Name _____

Facility NPI _____

Physical Address _____

City, State, Zip+4 _____

Mailing Address _____

City, State, Zip+4 _____

Facility Administrator's Name _____
First Last

Facility Administrator's Phone (____) ____ - ____ Email Address _____

User Name _____ Phone (____) ____ - ____
First Last

User Email Address _____

TERMS OF USER AGREEMENT

1. Facility Administrator must review & return a signed HIPAA Business Associate Agreement (provided).
2. Facility Administrator acknowledges receipt of OAS CAHPS Service User's Manual, including instructions on proper usage of system. The User's Manual can be downloaded from here: <https://www.creativedatatech.com/downloads.htm>
3. Facility Administrator accepts full responsibility for performing regular backups of survey spreadsheets generated, and will hold Creative Data Technologies, Inc. harmless for any loss or corruption of spreadsheet data, or periods of unavailability of DataVault system for whatever reason. Creative Data Technologies will perform due diligence to keep the system up and running 24/7, and recover as soon as possible from any unforeseen system failures.
4. Facility Administrator is aware and agrees that a separate customer account must be acquired for each separately registered Facility. Upon installation, the OAS CAHPS Desktop Program registers the IP Address of the Facility in our system and is limited to being used at that same facility. If something changes with the network or the facility is relocated, you will need to contact Creative Data Technologies to have your IP Address updated our system.
5. Facility Administrator accepts that the OAS CAHPS Services comes with initial free programming (if needed) to get the survey data importing properly from their EMR/EHR system. After that, if any errors arise that are deemed to be caused by an upgrade in their EMR/EHR or caused by anything external to the OAS CAHPS Desktop Program, the work to resolve these issues are billable hours at an hourly rate of \$95/hour.

Signed _____
Facility Administrator / Owner Date

Printed Name _____

Authorized Representative of _____ (facility name)

Signed _____
Creative Data Technologies Rep. Date

Printed Name _____

Notice: Please email the signed agreement to smckennasr@gmail.com. We will sign and email you back an executed copy of the document(s).

