HOSPITAL INDUSTRY DATA INSTITUTE
Request for Online Access to Hospital-Specific Data

Individuals requesting hospital-specific data for HIDI participating hospitals are required to comply with the guidelines for the HIDI Data Release Policy for Hospital-Specific Reporting. Please complete this request for online access to hospital-specific records and return to HIDI at hidi@mhanet.com, fax to 573-635-9638 or mail to the Hospital Industry Data Institute, P.O. Box 60, Jefferson City, MO 65102-0060. Once the completed form has been received, the authorized user will be provided with access information.

Requesting User

Name: _____   Date: _____

Title: _____   Office Phone: _____

Email: _____   Cell Phone: _____

I agree to comply with the guidelines for release of hospital-specific data as outlined in the HIDI Data Release Policy for Hospital-Specific Reporting. I acknowledge that such data policy applies to data available online, in printed format, or on other media such as DVD or CD.

I further acknowledge our responsibility to inform anyone with access to this information of the policy and its intent that these hospital-specific data are to be used only by the hospital. I further agree to not share my password or allow anyone to access the data by using my password.

Requesting User Signature: _____

Please check the appropriate box to indicate access to data and/or reports available in the categories below.

Advantage Fundamentals
Data Submission Sites

☐ HIDInet - discharge data collection

Optics Data Collection:
☐ Hospital Performance Insights (HPI)
☐ Children's Mental Health Parity (CMHP)

Surveys Data Submission:
☐ Management & Productivity Survey
☐ Annual Licensing Survey

Advantage Optics
Dashboards and Reports

☐ Care Optics
  includes Health Equity

☐ Fiscal Optics
  includes HPI Reports

☐ Market Optics
  includes MUR

☐ Risk Optics

Monthly Utilization Report (MUR) - check Market Optics above

Advantage Analytics
Special Requests and Resources

☐ Policy & Impact Studies

Premier Subscriptions - requires annual subscription

☐ Special Requests

Surveys – requires hospital participation
☐ MUR Excel Data File
☐ Mgt. & Prd. Quarterly PDF Reports
☐ Annual Licensing Survey Template

By signing below, I warrant that I have the authority of my facility to authorize access for the above-named employee/agent to hospital-specific data.

CEO Name: _____

CEO Signature: _____   Date: _____

Hospital Name: _____