

**2023 REPORTING YEAR**

**ELIGIBLE CLINICIAN CONSENT FORM FOR INDIVIDUAL PROVIDER QUALITY REPORTING**  
**[NOT REQUIRED FOR GROUP REPORTING]**

**PARTICIPANT GROUP/FACILITY MUST OBTAIN A SIGNED COPY OF THIS CONSENT FORM FROM EACH OF ITS INDIVIDUAL PRACTITIONERS THAT WILL BE REPORTING DATA AND PROMPTLY RETURN SUCH FORMS TO AQI, BUT IN NO CASE LATER THAN JANUARY 31<sup>st</sup> IMMEDIATELY FOLLOWING EACH CALENDAR REPORTING YEAR. THIS FORM IS NOT APPLICABLE IF PARTICIPANT HAS ELECTED TO REPORT AS A GROUP.**

The undersigned clinician (“EC”) represents and warrants that s/he:

- a) has reviewed the Addendum for Quality Reporting to the National Anesthesia Clinical Outcomes Registry Participation Agreement presented to \_\_\_\_\_ (“Group/Facility”);
- b) voluntarily consents to the terms of the Addendum, including the submission of data on behalf of the EC by The Anesthesia Quality Institute (“AQI”) to the Centers for Medicare and Medicaid Services (“CMS”) in accordance with the quality reporting option selected by the Group/Facility, which has been disclosed by the Group/Facility to the EC;
- c) has authorized the Group/Facility to consent on his/her behalf and bind him/her to the terms stated in the Addendum, including, but not limited to, the waiver and release in Section 13 of the Addendum;
- d) grants permission to AQI to submit this signed Consent Form to CMS in order to demonstrate compliance with CMS guidelines; and
- e) understands that CMS requires the public reporting of his/her data in accordance with CMS guidelines.

EC understands that this Consent Form shall remain in full force and effect unless EC provides Group/Facility with written notice of termination.

EC Name: \_\_\_\_\_ EC *Individual* NPI #: \_\_\_\_\_

EC TIN(s) #: \_\_\_\_\_

EC Phone #: \_\_\_\_\_

EC Email Address: \_\_\_\_\_

EC Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

**PARTICIPANT GROUP/FACILITY MUST OBTAIN AND PROVIDE AQI WITH SIGNED COPIES OF EACH EC EXHIBIT A CONSENT FORM. DATA MAY NOT BE VIEWABLE UNTIL A CONSENT FORM IS RECEIVED. CMS PROHIBITS SUBMISSION OF DATA ON BEHALF OF AN EC UNLESS AN INDIVIDUAL CONSENT IS COMPLETED. FORMS FOR EACH EC MUST BE RECEIVED BY AQI ON OR BEFORE JANUARY 31<sup>st</sup> IMMEDIATELY FOLLOWING EACH CALENDAR REPORTING YEAR.**