



**PUBLIC REPORTING DATA SHARING/CONSENT FORM**  
**The Society of Thoracic Surgeons National Database**

***Congenital Heart Surgery Database***

On behalf of the STS National Database Surgeon Participant and the hospital identified below (whether or not an STS National Database Hospital Participant), and based upon the public reporting selection made herein, we hereby give permission to The Society of Thoracic Surgeons ("STS") and the Duke Clinical Research Institute ("DCRI") to publish the following surgical outcomes and demographic information derived from the data submitted by Participant (whether a combined Surgeon and Hospital Participant or a Surgeon Participant alone) to the STS National Database (the "Information") via print, wireless and electronic media, including the **STS website**.

**Surgical Outcomes Information**

The observed mortality rate for those procedures covered by the ST AT Mortality Categories, as defined in the semiannual feedback reports provided to STS Congenital Heart Surgery Database Participants, performed by the Surgeon Participant during the most recent 4-year time period, the expected mortality rate for those procedures during that time period, the risk-adjusted observed-to-expected operative mortality ratio for those procedures during that time period, and the risk-adjusted operative mortality rate for those procedures during that time period. All information will be provided annually, overall (in the aggregate) and stratified by the ST AT Mortality Categories. Any star rating(s) transferred and/or published pursuant to this Data Sharing/Consent Form will be based on the overall observed-to-expected operative mortality ratio.

and

**Demographic Information**

Demographic information consisting of: website hyperlink, name, city and state of the consenting hospital where services are provided by the relevant Surgeon Participant.

**THE INFORMATION WILL BE PUBLISHED ON A HOSPITAL BASIS, WHICH MAY INVOLVE A COMBINATION OF INFORMATION PERTAINING TO THE SURGEON PARTICIPANT IDENTIFIED BELOW WITH INFORMATION PERTAINING TO ONE OR MORE ADDITIONAL SURGEON PARTICIPANTS. NAMES OF THE SURGEON(S) WHOSE PROCEDURES ARE INCLUDED IN THE HOSPITAL'S SURGICAL OUTCOMES ANALYSIS WILL BE LISTED WITH EACH HOSPITAL ON THE STS WEBSITE. THEREFORE, SCORES AND RATINGS OF THE SURGEON PARTICIPANT IDENTIFIED BELOW MAY DIFFER FROM THOSE OF THE HOSPITAL.**

The Information may also include:

- i. Time interval represented by the data (pediatric and/or congenital surgical procedures performed during that interval); and
- ii. Number of pediatric and/or congenital surgical procedures performed during the time interval represented by the data; and
- iii. Number of deaths using operative mortality criteria; and
- iv. Confidence limits for risk-adjusted observed-to-expected operative mortality ratios and risk-adjusted operative mortality rates.

We hereby agree to hold STS, DCRI, and their respective representatives, harmless in connection with their actions taken in good faith reliance on this Data Sharing/Consent Form.

We also agree that STS may publicly identify the hospital identified below as the source(s) of the information disseminated to the public as contemplated herein. ***We understand that NO patient identifying data OR individual surgeon-level data (unless Surgeon Participant is a single surgeon) will be published and/or shared.***

We represent and warrant that we have full right and authority to act on behalf of the Surgeon Participant and the hospital identified below in this matter as set forth above.

We authorize STS to accept this signed form via hard copy, fax, or e-mail as and for counterparts of hard copy originals, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. It will remain in effect until terminated by the Surgeon Participant and/or the hospital identified below.

<b>CONGENITAL HEART SURGERY DATABASE PUBLIC REPORTING SELECTION</b>	
Surgeon Participant consents to publicly report the surgical outcomes information specified above on the STS website by marking "Yes":	
<input type="checkbox"/> <b>Yes</b>	
Five (5) digit Participant ID (PID) #:	Surgeon Participant Representative Name*:
Surgeon Participant Representative Signature:	
Date:	
Official hospital name you wish to have published by STS:	
Ten (10) digit Hospital NPI#:	Hospital Website Address/Hyperlink:
Hospital Representative Name**:	Hospital Representative Title:
Hospital Representative Signature:	
Date:	
<small>(* ) CT surgeon authorized to sign on behalf of all surgeons who comprise the "Surgeon Participant"</small> <small>(** ) Representative authorized to sign on behalf of the hospital named above</small> <b>Fax completed form to STS at 312-202-5867</b>	

Submitted by: \_\_\_\_\_

Phone: \_\_\_\_\_