



Survey Information Exchange Agreement (_____)

This is to confirm the agreement between the facility called _____ (_____), located at _____ and The State & Psychiatric Hospital Compliance Collaborative (SPHCC) a service of Fields & Associates, Inc. (F&A) to share and exchange certain agreed upon information.

SPHCC Agrees to:

1. Provide a free 12-month subscription to the Reading Tips newsletter
2. Provide information on any of the facility's assigned surveyors that are in its surveyor profile database within 4 hours of request
3. Provide a free copy of its 'During' and 'After' survey advisories
4. Offer a 12-month SPHCC membership for \$800.00 (offer available until 3 months post survey)

The facility (_____) agrees to:

1. Complete the attached hospital profile form (also available [online](#))
2. Notify SHCC at the start of its upcoming full, unannounced Joint Commission (TJC) survey
3. Provide feedback on that TJC survey by completing and submitting an SPHCC Post Survey Questionnaire (PSQ) form within 30 days of the end of the survey. A copy of the PSQ is attached and it can also be downloaded at any time from www.sphPSQ.net
4. Download surveyor photographs and biographical material during the survey and submit copies with the PSQ

IN WITNESS WHEREOF, the parties represented by the signatures below have executed this Agreement as of the date identified above.

Facility Survey Coordinator

Date

Facility CEO or COO

Date

Richard A. Fields MD

SHCC Executive Director

Date