

LEGAL CONTRACT REVIEW REQUEST FORM



This form and process, is solely for to the legal review of contracts. If other legal assistance is required, please email James V. Hetzel, Esq., Senior Vice President, Deputy General Counsel, at James.Hetzel@HMHN.org

Date Submitted:

Is this an urgent request?

Yes No

All urgent requests require an attached email confirmation from a VP or above detailing the urgency of the contract.

If Urgent Date Requested:

REQUESTOR INFORMATION

Requestor Name:

Department:

Business Leader:

Other HMH Interested Parties:
(HMH individuals to be copied on correspondence)

CERTAIN REVIEWS AND APPROVALS ARE NEEDED BEFORE LEGAL CAN PROVIDE CONTRACT REVIEW:

| Department | Contract Coverage | Prior Approvals |
|------------------------------|---|--|
| HMH Purchasing | Does the contract involve: (a) Purchase of any product and/or services? or (b) Payment to a non-HMH entity? | <input type="checkbox"/> No <input type="checkbox"/> Yes Approving Purchasing Buyer: <input type="text"/> Approval Date: <input type="text"/> |
| HMH IT | Does the contract involve: (a) Purchase/License of software (including hosted software) or hardware which is new to the organization? or (b) Project which needs IT support to become operational (such as interfaces, single sign on, data transfer, servers, data lines, etc.)? | <input type="checkbox"/> No <input type="checkbox"/> Yes IT Approval Date: <input type="text"/> IT Project Number: <input type="text"/> |
| HMH Business Planning Portal | Does the contract involve: (a) Capital initiative that will result in increased efficiency that would enable either: (1) Opportunity to add incremental volume or (2) Restructuring of expenses? or (b) Initiative which will require capital spend or additional direct expenses such as incremental staffing or supplies? or (c) Initiative that introduces a new service to the Campus/Network? | <input type="checkbox"/> No <input type="checkbox"/> Yes BPP Approval Date: <input type="text"/> |

CONTRACT INFORMATION

| | |
|---|---|
| Vendor Name: | <input type="text"/> |
| Purpose and other relevant information: (including description of product or services and HMH entity, if known): | <input type="text"/> |
| Existing Contract: (Provide ALL prior contracts, amendments, Statement of work and other related documents/emails pertinent to this engagement.) | <input type="checkbox"/> No <input type="checkbox"/> Yes Previous Legal Reviewer: <input type="text"/> Contract Term: <input type="text"/> |
| Prior Requests to Legal: | <input type="checkbox"/> No <input type="checkbox"/> Yes Date Sent: <input type="text"/> Legal Reviewer: <input type="text"/> |

DATA ACCESS

| | |
|---|--|
| Will the Vendor create, receive, maintain, or transmit Protected Health Information (PHI) and/or Personal Identifiable Information (PII)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will the Vendor have access to HMH Confidential Information? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will HMH Data reside on Vendor's systems (such as hosted software or via an interface to Vendor)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Contracts to be reviewed by Legal must be forwarded in Microsoft Word or Google Docs format

ONCE COMPLETED RETURN THIS FORM AND ALL REQUIRED DOCUMENTS TO LEGAL@HMH.NC.GOV