



## Statewide Common Participation Agreement Requirement

**Background:** Per [10 NYCRR § 300.6](#), healthcare facilities, as defined in section 18(c)(1) of Public Health Law, must become participants of the Statewide Health Information Network for New York (SHIN-NY). As part of this regulation, healthcare facilities were required to complete the Statewide Common Participation Agreement (SCPA) by September 30, 2025.

Visit NYeC's [website](#) for more information on the SCPA. Any inquiries regarding the content of the SCPA can be sent to Alexandra Fitz at [afitz@nyehealth.org](mailto:afitz@nyehealth.org). To initiate the process to execute a SCPA, submit [this form](#) at this link with NYeC.

**Instructions:** If you have not executed a SCPA by October 15, 2025, complete the fields below and submit to [SHIN-NY@health.ny.gov](mailto:SHIN-NY@health.ny.gov) by October 15, 2025.

Organization Legal Name	
Organization Type	
Organization Health Facilities Information System (HFIS) ID	
Point of Contact Name	
Point of Contact Email	
Parent Organization (if applicable)	

1. **Is your Organization a current SHIN-NY (Qualified Entity) Participant?**
  - ☐ Unsure
  - ☐ No
  - ☐ Yes, please select your QE:
2. **Select your anticipated designated HIN:**
3. **Anticipated date your organization will complete the SCPA.**
4. **Does your organization use an Electronic Health Record (EHR) or Electronic Medical Record (EMR) information system?**
  - ☐ No
  - ☐ Yes, please provide the name and version of your EHR/EMR

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5. **Explain the issue(s) that prevented your organization from signing the SCPA by the 09/30/2025 deadline and how it is to be resolved.**

**SUBMIT**