# 2027 ABOS Part II Oral Examination

# Information Packet: Preparing Your Case List

## 2027 American Board of Orthopaedic Surgery (ABOS) Part II Oral Examination

Dear ABOS Part II Oral Examination Candidate:

In order to apply for the 2027 ABOS Part II Oral Examination, you must complete the ABOS Part II Application, pay the Application Fee, complete relevant attestations, and complete a six-month Surgical Case List of all consecutive surgical cases by 4 pm ET on August 1, 2026. The case collection period runs from January 1- June 30, 2026. **All** surgical cases in which you are the **primary** surgeon during this period must be entered into the ABOS Scribe Case List System. You should not enter any cases in which you serve as a co-surgeon or an assistant surgeon with one exception; if you serve as a co-surgeon and are the only orthopaedic surgeon involved in a surgical case and you dictate an independent operative note, that case must be included and entered. The Case List is an important part of the application process, and it is your responsibility to ensure its accuracy. If your application is approved, 12 cases from your surgical Case List will be selected for you to present at the 2027 ABOS Part II Oral Examination.

**Patient Reported Outcomes (PROs):** Candidates are required to enter the email address of each patient 12 years and older into the ABOS Scribe Case List System pre- or peri- operatively. The ABOS will then contact the patient via email at that time as well as at six and 12 months post-operatively. The email will link the patient to PROMIS Physical Function and Pain Interference surveys. Please see the PRO Overview on page 13 for more information. A sample of the email that will be sent to your patients can be found on page 15.

The ABOS has created several videos to help you. They can be found at:
*https://www.abos.org/certification/part-ii/videos/*

If you have operated or will operate while serving in active military duty in a war zone during the Oral Examination case collection period, you **must** contact the ABOS office at (919) 929-7103 to determine your ability to sit for the Oral Examination.

For Part II Oral Examination Candidates, the ABOS requires three attestations. The first is related to PRO data collection. The second attestation is the HIPAA business associate agreement. The third is an understanding of the ABOS Rules and Procedures to apply for the ABOS Part II Examination. Copies of these attestations are attached to this document; you will sign them online when you enter your Case List.

Please carefully review each item below:


1. Scribe Instructions Page 3
2. Helpful Hints to Completing Scribe Page 10
3. Patient Reported Outcome (PRO) Data Collection
    a. PRO Overview Page13
    b. PRO Information for Candidate Page 14
    c. PRO Information Letter to Patient Page 16
4. Attestations
    a. PRO Page 17
    b. HIPAA Business Associate Agreement Page 18


## SCRIBE CASE LIST INSTRUCTIONS

### Accessing Your Case List

- Go to *www.abos.org* and log in to your ABOS Dashboard.

- Before registering patients, you **MUST** add all the hospitals/surgery centers in which you perform surgical procedures. To do so, click on the Scribe Case List Tool link. You will then be brought to the Scribe Case List System home page. Click the Add Hospital link to **ADD THE HOSPITALS IN WHICH YOU OPERATE**. These hospitals/surgery centers will then be available for selection when registering patients.

- To register patients for ABOS Case Collection, go to *https://www.abos.org/p* (note "/ p"), and login with the username and password displayed on your ABOS Dashboard. You may distribute this login information to surgical schedulers or staff who may be registering patients for you. **REGISTER PATIENTS PREOPERATIVELY OR PERIOPERATIVELY.** If you begin registering patients before you have entered your hospitals, then you may select "Other" as the hospital when registering patients -- you will be able to change the hospital selection for each patient later in Scribe once you have added the appropriate hospital.

- **YOU MUST ENTER ALL SURGICAL CASES FROM ALL HOSPITALS/SURGERY CENTERS IN WHICH YOU OPERATE DURING YOUR ENTIRE CASE COLLECTION PERIOD.** Every time you take a case to the operating room as the **primary** surgeon (not as a co-surgeon or an assistant surgeon unless you were a co-surgeon serving as the only orthopaedic surgeon involved in the case and you dictated an independent operative note), you must add a new case and complete the entire page, even if the reason you take the patient to the operating room for a second time is a complication related to the first case already submitted. For a list of procedures not to include, go to https://www.abos.org/certification/part-ii/case-lists/procedures-not-to-include/.

- After operating on a patient, return to the Scribe Case List System by clicking the Scribe Case List Tool link from your ABOS Candidate Dashboard to complete the surgical information about the case. Be sure to review and update follow-up/complication/re-operation/re-admission information near the end of the collection period. **YOU ALONE ARE RESPONSIBLE FOR THE ACCURACY AND COMPLETENESS OF YOUR CASE LIST DATA. ALL CASES MUST BE COMPLETE (EVERY REQUIRED FIELD FOR THE CASE COMPLETED) IN ORDER FOR YOUR CASE LIST TO BE ABLE TO BE SUBMITTED.**

**Entering a New Case**

- From *https://www.abos.org/p*, login with your assigned patient registration username and password, which can be found on your ABOS Dashboard, and complete and submit a patient registration form.

**Completing a Case**

- Log in to your ABOS Dashboard at *https://www.abos.org*, click the Scribe Case List Tool link, and click on the case of a patient who has been registered. Enter patient information in **ALL** fields. If all fields are not completed, the case will appear in the Incomplete Cases List until all fields are complete. You will not be able to finalize your Case List until all cases are completed.

- Enter Patient Initials: Only enter the initials of the patient. Do not enter the full name of the patient.

- Enter Patient ID: Use the same patient ID as the **hospital's medical record ID** for all procedures. Do not use your clinic/office MRN. The hospital ID allows the Medical Records Director to cross-reference the cases you input into Scribe with their records at the hospital for verification. Do not use full social security numbers to protect patient confidentiality. If the social security number is the patient ID, only enter the last four digits of the social security number in the patient ID field.Enter Patient's Age: Patient's age on the date of the surgery in years. If the patient is under one year old, enter 0 as the patient age.

- Select Patient Sex: Male/Female/Other. For other, you can include additional information if you desire.

- Enter Date of Surgery/Treatment: This is the date that the surgery was performed.

- Enter Diagnosis (ICD-10) Code: Only one code is required. If multiple diagnoses apply for the same operating room setting, enter each code. **Enter the primary diagnosis first.**

  - Enter Treatment (CPT) Code: Only one code is required. If multiple procedures were performed by you during the same operating room setting, enter each code. **Enter the primary procedure first.** Make sure the first CPT Code listed is not on the Do Not Include list and the CPT Code is correct.

- Select Anatomic Region: Select the anatomic region on which the surgery was performed. If multiple anatomic regions were operated on by you during the same operating room setting, select the primary one.

- Enter Date of Last Follow-up: Enter the date of the last follow-up with the patient. This is the last date you physically saw the patient before you finalize your Case List. If the patient has been lost to follow-up, enter the last date that you physically saw the patient; in some cases, this may be the same date as the date of surgery.

  - Enter Description of Operation: In 100 characters or fewer, provide a brief description of the operation that was performed. Do not include any patient history

or patient identifiable information. If patient was lost to follow-up, you can enter that information here.

- Select Anesthetic Complications: If there were anesthetic complications, select each complication that applies, and classify the severity of each complication using the dropdown menu. If there were no anesthetic complications, select “No Anesthetic Complications”

- Select Surgical/Technical Complications: If there were surgical/technical complications, select each complication that applies and classify the severity of each complication using the dropdown menu You must enter a description in the Explanation of Complication field. If there were no surgical/technical complications, select “No Surgical Complications”.

- Select Medical/Systemic Complications: If there were medical/systemic complications, select each complication that applies, classify the severity of each complication using the dropdown menu, and you must enter a description in the Explanation of Complication field. If there were no medical/systemic complications, select “No Medical Complications”.

Select Unexpected Re-Operation: If there was an unexpected re-operation within 90 days of the date of surgery, select “Yes”, and you must enter a description in the Explanation of unexpected re-operation field. If there was no unexpected re-operation within 90 days, select “No”.

- Select Unexpected Re-Admission: If there was an unexpected re-admission within 90 days of the date of surgery, select “Yes” and you must enter a description in the Explanation of unexpected re-admission field. If there was no unexpected re-admission within 90 days, select “No”.

- Reset: This will clear all fields of data entered so you may start over.

- Save Case: This allows you to save the information entered for each case. If the case is not completed at this time, you may go back to the case and enter missing information.

- Complete Case: All information has been entered for this case.

- Important Note: It is critical to include all complications.

**Incomplete Cases**

- Incomplete cases always appear on the Scribe home page.

- Cases can be completed by clicking on the Scribe Case # of the case and entering the missing information.

- ALL cases entered must be complete before the list can be finalized.

**Editing/Completing a Case by Hospital**

- Click the "Edit" tab.
- Select the hospital where the case was performed.
- A list of all cases for that hospital will be displayed.
- Case List can be sorted by Scribe Case #, Patient ID, or Date of Surgery by clicking the corresponding header at the top of the Case List.
- Click on a "Scribe Case #" to edit the case information.
- A case to be edited can also be found by searching as described below.

**Searching for a Case**

- On any page in the Scribe Case List, cases can be searched by Patient ID, Hospital Name, and/or Surgery Date.
- A list of all cases matching the search criteria entered will be displayed.
- Each case may be viewed and/or edited by clicking the "Scribe Case #".

**Print Case Lists**

- If you wish, you may print your Case List for each hospital after all cases have been entered and completed so that you may review the information entered prior to finalization. Please note that Patient IDs will not appear on these printouts.
- Counts of complications reported will appear at the bottom of each Case List.
- Select the "Print Cases" tab.
- Click the hospital corresponding to the Case List you would like to print.
- Case Lists will open in Adobe Acrobat Reader, which must be installed on your computer, to view the Case List.

**Finalization**

- Once all information has been entered, verified to be correct, and you are ready to submit the Case List and Application, the Case List can be finalized. Case Lists with incomplete cases cannot be finalized. (Every required field must be completed.)
- Select the "Finalize List" tab.
  Please make sure that your Case List information is accurate up through June 30th of your collection. We realize that you may want to wait to finalize your list until you have follow-up for the end of June cases. However, we prefer that you proceed with finalizing your Case List so you may work on obtaining Medical Records sign off. We do not want your application to be late due to waiting for signatures.

**Submission**

- You must submit a full six-month Case List. If you do not have six-months of surgical cases where you were the **primary** surgeon, please contact the ABOS office.
- If you have a gap of 30 days or more between surgical cases, you will need to explain that gap. If you did not perform any surgical cases as the **primary** surgeon for 30 days, please contact the ABOS office.

- Once you have finalized your Case List in Scribe, click on the "Print Case List for Signature" link on the Scribe Home page. On the left side, you will see your cases organized by location with download links. Download and take this list(s) to the appropriate hospital's Medical Records Director for verification. The Medical Records Director is to verify that those surgeries were performed by you as the **primary** surgeon (not as a co-surgeon or an assistant surgeon unless you were a co-surgeon serving as the only orthopaedic surgeon involved in the case and you dictated an independent operative note) at their facility and that the list is comprised of all the consecutive surgeries performed by you as the **primary** surgeon at the facility during the case collection period. Once the cases have been verified, they must sign the appropriate place on the signature page of the finalized list, and your signature is required in the appropriate place on the signature page. Your Medical Records Director may digitally sign these.

- After all signatures are complete, you will need to scan the single completed signature page to your computer. You must upload this page only in **.pdf format** into your Scribe Case List. Log in to your Candidate Dashboard and then the "Scribe Case List Tool" link on the left side of the page. Beside the appropriate hospital and/or surgery center name where you downloaded the blank signature pages, click to the right on the "Upload" button. When the browser screen appears, click on "Browse" and find the applicable scanned copy of the signature page with signatures on your computer, select this signature page file, and click "Upload". This process will import the signature page into your Scribe Case List. You must do this for EACH hospital/surgery center. This process MUST be completed by the deadline. All signed signature pages must be uploaded into Scribe before you may finalize and submit your application.

- If you are on staff at a hospital/surgery center and did not perform any surgeries at this facility during the collection period, you must upload a letter from the Medical Records Director stating that no surgeries were performed during the collection period. These No Surgeries Letters must be uploaded into Scribe underneath the signed Medical Records pages. There is not a template for this letter; it just needs to be on letterhead, dated and signed stating that no cases were performed at that facility between January – June 2026.

**Help/Technical Support**

- If you are having technical/computer problems, contact technical support well before the August 1st deadline.

Email techsupport@abos.org with you name, contact information, and a description of any technical issues you may experience. You may also reach technical support by phone at (919) 822-8028.

- "Contact Info" and "Tech Support" buttons are listed on the bottom of every page of the Scribe system.

## HELPFUL HINTS TO COMPLETING SCRIBE

### Entering Cases

- Due to the volume of applicants each year, it would be helpful to add the cases, with as much information as possible, as you perform the surgery. Then once the patient follow-up is complete, you can edit the case and complete it. High volume of access to the Scribe Case List system typically near the deadlines can create slower times in adding or editing information.

- In the field "Surgeon's Description of Operation," enter ONLY the type of surgery that was performed. Do NOT enter any history information into this field.

- If multiple diagnoses were made/procedures were performed by you, enter all applicable codes with the most important ICD-10 and CPT code first. Make sure the first CPT code entered is not on the Do Not Include list found at the homepage at www.abos.org.

- If multiple procedures were performed by you in one operating room setting on multiple anatomic regions, enter the most important (in your opinion) anatomic region which you operated on in this field.

- If there were complications with the entered case, then you must enter a description in the required field.

### Submission of Case List

- When all hospital/surgery center Case Lists are complete, click "Finalize List". You cannot finalize each facility's Case List individually. When you click on "Finalize List," this action finalizes your entire Case List for all facilities. Once you have finalized your Case List you will not be able to edit it again unless you contact the ABOS office well before the deadline to have the list unfinalized.

- Take the Case List to the Medical Records Director at the hospital for verification. It might be necessary to make an appointment with the Medical Records Director because they must cross reference the cases entered in Scribe with their hospital list. This process may take several days to complete; therefore, please do not wait until the week before the application deadline.

After all signatures are complete, you will need to scan the completed signature page to your computer. You must upload this page in **.pdf format** into your Scribe Case List. Log in to your ABOS Dashboard and then click on the "Scribe Case List Tool" link on the left side of the page. Beside the appropriate hospital/surgery center name, click on the "Upload" button. When the browser screen appears, click on "Browse" and find the applicable scanned copy of the signature page with signatures on your computer, select this signature page file, and click "Upload". This process will upload the signature page into your Scribe Case List. You must do this for EACH hospital/surgery center. This process MUST be completed by the deadline.

In April 2027, you will be notified of the Credentials Committee decision regarding your application to sit for the 2027 ABOS Part II Oral Examination. At that time, you will be informed of the 12 cases that have been selected from your Case List for you to present during the Examination. You will also be informed as to what records and information you will need to upload for the Examination.

**PHI REDACTION**

The ABOS requires that you submit case material from patients to participate in the Examination. As you are aware, your patients' medical information is protected under the Health Insurance Portability and Accountability Act (HIPAA). Therefore, you must either obtain written consent from patients to provide their Protected Health Information (PHI) to the ABOS for the purpose of the Examination, or you must remove sufficient identifying information from the records so that the records are de-identified as specified in the HIPAA regulations before the cases are uploaded.

If you choose to obtain written consent from patients to use their PHI, you may consider using the following sample verbiage for the consent. You may also consider using a consent form that is approved by your local institution. The ABOS does not require you to use this document and does not warrant that it will meet all requirements of HIPAA or any state or local regulations where you practice. The ABOS does not require you to submit a copy of written consent from patients. Any written consent you receive from a patient should meet the requirements of your hospital/surgery center, HIPAA, and any state and local laws or regulations related to patient confidentiality. If in any case, you submit records to the ABOS which have not been de-identified, then the ABOS will assume that you have received appropriate written consent from the patient. The ABOS does not assume any liability to you or any patient in connection with the provision of PHI to ABOS.

**Questions/Problems**

- If you have any questions regarding the entry of cases or submission of cases, contact the ABOS office well before the August 1, 2026 deadline.

## ** Sample **

# Authorization for Use and Disclosure of Protected Health Information

1. Authorization. I authorize **[name of all health care providers with relevant medical records (e.g., hospital, practice, and surgeon)]** ("Providers") to use and disclose the protected health information ("PHI") described in Paragraph 2 to the American Board of Orthopaedic Surgery ("ABOS") and its employees or agents.

2. Scope of Authorization. I authorize the Providers to release all past, present and future medical records related directly or indirectly to the patient care and orthopaedic surgery performed by **[name of physician]** for the purpose of allowing **[name of physician]** to use and disclose such PHI as a part of the initial certification process or Maintenance of Certification process administered by the ABOS.

3. Revocation. I recognize that I have the right to revoke this authorization at any time, provided such revocation is delivered to **[name of physician]** in writing. I understand that a revocation is not effective to the extent that any entity or person has already acted in reliance on this authorization.

4. Expiration. This authorization shall expire on **[date]**, unless previously revoked as provided above.

5. No Coercion. I understand that **[name of physician]** is legally prohibited from conditioning the provision to me of treatment, payment, enrollment in a health plan or eligibility for benefits on the provision of this authorization.

6. Complete Waiver. I understand that the medical records used and disclosed pursuant to this authorization may no longer be protected by federal or state law once disclosed to the recipient.

_____ _____

Printed Name of Patient or Authorized Representative* Date

_____ _____

Signature of Patient or Authorized Representative Date

*Authorized Representative's Relationship to Patient: _____

*A copy of the fully executed authorization shall be provided to the patient or their authorized representative.*

# PATIENT REPORTED OUTCOME OVERVIEW

Patient Reported Outcome (PRO) surveys are outcome measures that are directly reported by the patient to help better understand a treatment's efficacy. PROs have been used at many facilities to assist surgeons in evaluating their practices. The ABOS uses PROs to assist in certification and recertification processes. Collecting PROs also contributes to a surgeon's continual practice improvement.

The following pages contain both an introduction to the ABOS PRO program and also a sample letter that you can provide to your patients.

Recognizing that it is vital to obtain patient input to assess outcomes of surgical procedures, the ABOS has incorporated Patient Reported Outcome (PRO) survey data into the Board Certification process.

Candidates for the ABOS Part II Oral Examination will:

1. Provide to patients, who meet the below qualifications, a copy of the attached patient letter prior to the patient's surgical procedure (or as soon as practicable following surgery for trauma patients or other special circumstances).

   Patient qualifications for PRO completion:
   - Surgery performed during your case collection period
   - Age 12 and older

2. Submit the following information into ABOS PRO system prior to the day of surgery (or as soon as practicable following surgery for trauma patients or other special circumstances) for ALL patients.
   - Hospital/Surgical Center/Office
   - Patient ID (Hospital Med. Rec. #)
   - Patient Initials
   - Patient Age (years)
   - Patient Sex
   - Anatomy
   - Patient Email Address (patients age 12 and older)
   - Brief Description of Surgery
   - Surgery Date

IMPORTANT:

1. This information must be entered into the ABOS Patient Registration Page. The above information may be submitted by the surgeon **or** by an administrator/staff member/surgery scheduler, although the accuracy of all information is the sole responsibility of the surgeon. Your unique auto-generated username and password, and the URL for ABOS Patient Registration Login Page will be found on your ABOS Candidate Dashboard. Submitting information on the ABOS PRO Patient Registration Page creates a new case that you will be able to access within the ABOS Scribe Case List System.

2. You are responsible for reviewing all Case List information entered by anyone on your behalf to ensure accuracy. You are required to attest to the completeness and accuracy of the submitted Case List data.

How will the ABOS use the patient's email address?
The ABOS will send the patient an automated email with a link to PROMIS Physical Function and Pain Interference surveys pre-/peri-operatively (at time of registration or before surgery), at approximately 6 months post-operatively, and at approximately 12 months post-operatively. The following is the email that will be sent to patients:

Dear Patient:

On behalf of your orthopaedic surgeon, Dr. xxx, please click the link below to answer a few standard questions about how you are doing prior to your surgery with Dr. xxx.

https://www.abos.org/p/xxxxx

Sincerely,

The American Board of Orthopaedic Surgery
400 Silver Cedar Court
Chapel Hill, North Carolina 27514
(919) 929-7103
https://www.abos.org
mycertifiedorthopaedicsurgeon.org
patients@abos.org

What if the patient declines to provide their email address or does not want to participate?
The ABOS understands that not all patients may wish to participate in the survey. If a patient tells you or your office staff that they do not want to participate, then do not enter the patient's email address, and check the "Patient opts out" box. A patient who declines to provide their email address will not be sent a survey. Please inform your patients that their email address will not be shared, sold, or used for any purpose other than this ABOS activity. The ABOS views this

patient input as valuable, and we expect you to encourage your patients to participate in this important activity.

What if the patient fails to respond to the survey?
Those patients for whom we receive a valid email address, but do not respond to the initial solicitation at one of the three time points (baseline, 6 months, 12 months), will receive a follow-up solicitation. If there is no response to the second solicitation, the ABOS will make no further contact at that time point.

What if the patient speaks Spanish?
There is an option to indicate that a patient prefers Spanish when registering the patient. The patient will then receive the questionnaire in Spanish.

Additional FAQs can be found in the Candidates section of *www.abos.org*.

# PATIENT REPORTED OUTCOME LETTER TO PATIENTS

Dear Patient-

Your surgeon is assisting The American Board of Orthopaedic Surgery (ABOS) in the collection of patient outcomes of orthopaedic procedures. The ABOS manages the Board Certification processes for Orthopaedic Surgeons.

Your surgeon and the ABOS would like to obtain information about your condition before and after your surgery. You will receive a link to a brief 1 to 2-minute survey by email. Your participation is voluntary, and you may inform your surgeon that you do not wish to participate. Your responses will be kept confidential and will be used only for ABOS Board Certification purposes.

Your feedback will benefit your surgeon and future patients. We thank you for your participation in this important process.

Thank you,

The American Board of Orthopaedic Surgery

*The American Board of Orthopaedic Surgery (ABOS) was founded in 1934 as a private, nonprofit, independent organization to serve the best interests of the public and the medical profession. The ABOS establishes standards for the education of orthopaedic surgeons and evaluates orthopaedic surgeons for voluntary certification through examinations and practice review.*

## ATTESTATIONS

Below are copies of the attestations you will electronically sign in the ABOS's Scribe Case List System. ***These copies have been provided for your records only.***

### PATIENT REPORTED OUTCOMES (PROS) ATTESTATION

"I authorize the American Board of Orthopaedic Surgery (ABOS) to contact patients for whom I provide email addresses for purposes of distributing Patient Reported Outcomes surveys as part of ABOS certification processes."

Signature Line ***DO NOT SIGN HERE. THIS COPY IS FOR YOUR RECORDS ONLY***

## HIPAA DIGITAL RECORDS BUSINESS ASSOCIATE AGREEMENT

### BUSINESS ASSOCIATE AGREEMENT

I ("Candidate") understand and agree that, pursuant to this Agreement, Web Data Solutions LLC ("WDS") and the American Board of Orthopaedic Surgery ("ABOS") shall act as "business associates" of Candidate for purposes of the applicable provisions of the Health Insurance Portability and Accountability Act of 1996, Pub. L. 104-191 (codified at 42 U.S.C. § 1320d), and the regulations promulgated thereunder at 45 C.F.R. Parts 160-164, as amended (collectively, "HIPAA"), and the privacy and security provisions of the HITECH Act, Title XIII, Subtitle D of the American Recovery and Reinvestment Act of 2009 ("ARRA") (codified at 42 U.S.C. § 17921 et seq.), to provide certain services (as described below) in connection with the compilation and submission of my case list and patient digital records and images for cases to be presented to Examiners at the oral certification examination offered by ABOS. The parties recognize that HIPAA requires the imposition of certain safeguards necessary to protect the privacy and integrity of individually identifiable health information ("Protected Health Information" or "PHI") that is received, used, created and/or disclosed by WDS and ABOS from or on behalf of the Candidate.

### 1. Permitted Uses and Disclosure of PHI

a. Candidate will compile and transmit to ABOS and WDS a list of cases (the "case list") for which Candidate has provided orthopaedic surgery during a specified period of time so that ABOS can evaluate the case list and, if Candidate is applying to take the ABOS oral certifying exam or oral recertification exam, select specific cases for use during the examination. Candidate acknowledges that one purpose of the compilation and submission of the case list is to enable ABOS to evaluate Candidate's performance in practice as part of its certification and maintenance of certification program.

b. If Candidate is applying to take the oral certifying exam or oral recertifying exam, WDS shall collect, transmit, compile and disclose patient digital records and images for a select group of cases from my case list for use in the presentation of cases to ABOS Examiners at the ABOS oral certification or recertification examination and services related to the de-identification of PHI provided by Candidate (collectively, the "Services"). Candidate hereby authorizes WDS to receive, use, create and disclose PHI of patients Candidate has treated in connection with the performance of the Services.

c. WDS shall use or disclose only the minimum necessary PHI of patients whose cases have been selected for the oral certifying exam or oral recertification exam to the ABOS Examiners, ABOS, and WDS employees or agents, and
only to the extent necessary to perform the Services and in accordance with 45 C.F.R. §§ 164.504(e)(4) and 164.514(e)(2). WDS and ABOS shall disclose PHI of patients Candidate has treated to ABOS Examiners solely for the purpose of confirming the identification of patient digital records and images as corresponding to information provided by Candidate on the case list submission. WDS and ABOS shall require all of their employees and agents,
as well as all ABOS Examiners, to agree in writing to adhere to the same restrictions.

c. WDS shall use PHI provided by Candidate only for purposes related to the performance of Services on behalf of the Candidate or as required by law and shall not disclose PHI for any

purpose to its subcontractors, agents or third parties other than ABOS Examiners or, as necessary, to ABOS. All other health information of Candidate used or disclosed by WDS for any purpose shall be sufficiently de-identified such that the information is not PHI.

**2. Responsibilities of WDS and ABOS With Respect to PHI**

With regard to its maintenance, use and disclosure of PHI, WDS and ABOS will:
a. Maintain, use and/or disclose PHI of Candidate only as required or permitted herein or as otherwise required by law.
b. Comply with the security standards set out in 45 C.F.R. §§ 164.308, 310, 312 and 316.
c. Use commercially reasonable efforts to develop, implement, maintain, and use appropriate administrative, technical, and physical safeguards of PHI, in compliance with 45 C.F.R. § 164.530(c) and 42 U.S.C. § 17931 and 45 C.F.R. §§ 164.308, 164.310, 164.312 and 164.316, and such other laws and regulations applicable to WDS's and ABOS's obligations with respect to PHI and to prevent unauthorized use or disclosure of PHI.
d. Document such disclosures of PHI and provide, within 10 days of receiving a request in writing from Candidate, information related to such disclosures, including disclosures of electronic health records, as would be required for Candidate to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. §164.528.
e. Provide to Candidate PHI collected in accordance with the terms herein, to permit Candidate to respond to a request by an individual for inspection and copying of PHI in accordance with 45 C.F.R. §164.524.
f. Report to Candidate, in writing, any use and/or disclosure of the PHI, including disclosures of electronic health records, that is not required or permitted by the terms herein set forth of which WDS becomes aware. Such report shall be made within 5 days of WDS's or ABOS's discovery of such unauthorized use and/or disclosure and include any remedial action to be taken by WDS or ABOS with respect to such unauthorized use or disclosure.
g. Make available all records, books, agreements, policies and/or procedures relating to the use and/or disclosure of PHI to (i) Candidate for purposes of enabling Candidate to determine WDS's and ABOS's compliance with the terms herein set forth and (ii) the Secretary of DHHS for purposes of determining Candidate's compliance with the Privacy Regulations, subject to attorney-client and other applicable legal privileges.
h. Within a reasonable time following receipt of Candidate's written request for PHI provided by Candidate (to the extent such PHI is in a "designated record set," as defined under HIPAA), WDS and ABOS shall make such PHI available to Candidate for amendment and shall incorporate any such amendment to enable Candidate to fulfill its obligations under HIPAA, including, but not limited to, 45 CFR § 164.526.
i. During the term of this Agreement, WDS and ABOS shall notify Candidate within twenty-four (24) hours of any suspected or actual "Security Incident" (as that term is defined under HIPAA) or breach of security, intrusion or unauthorized use or disclosure of PHI and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations, or any legal action against WDS or ABOS arising from an alleged HIPAA violation. WDS and ABOS shall take (i) prompt action to correct any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations. If WDS or ABOS determines that a breach has occurred, WDS or ABOS shall provide Candidate with the rationale, and all documentation in support thereof, for its assessment of "significant risk of financial, reputational, or other harm to the individual," as provided in 45

C.F.R. § 164.402(1)(i). If WDS or ABOS determines that a breach has not occurred, in that an acquisition, access, use, or disclosure of PHI in a manner not permitted under the HIPAA Regulations has taken place, and has been reported to Candidate as required by Paragraph 2.1(a) of this Agreement, but has been determined by WDS and ABOS not to compromise the security or privacy of the PHI, WDS and ABOS shall nevertheless provide Candidate, with the rationale, and all documentation in support thereof, for its assessment resulting in a finding of less than "significant risk of financial, reputational, or other harm to the individual," as provided in 45 C.F.R. § 164.402(1)(i). In the event of disagreement between the parties as to whether or not a breach has
occurred, the determination made by Candidate shall control.

j. If any party knows of a pattern of activity or practice by another party that constitutes a material breach or violation of such other party's obligations under this Agreement or HIPAA, such party shall so notify the other party and such other party shall take reasonable steps to cure the breach or end the violation. If such steps are unsuccessful within a period of 30 days, the non-breaching party shall: 1) terminate the Agreement, if feasible, or 2) report the problem to the Secretary of DHHS.

k. Upon the earlier of 30 days after the termination of this Agreement for any reason, or the completion of performance of the Services by WDS and ABOS and the requirement of maintaining Candidate PHI for the performance of such Services, WDS and ABOS shall return or destroy all PHI of Candidate that WDS and ABOS still maintain in any form or media.

**3. Termination**

a. Term. This Agreement shall become effective on the date of execution by clicking the agreement below and shall continue in effect until all obligations of the parties have been met, unless terminated as provided in this Section 3.

b. Termination by the Parties. Pursuant to 45 C.F.R. § 164.504(e) and 42 U.S.C. § 17934(b), the parties hereby acknowledge and agree that, in the event one party has or obtains substantial and credible evidence that another party has violated a material term of this Agreement, non-breaching party shall have the right to investigate such violation, and breaching party shall cooperate fully with non-breaching party with respect to such investigation. As provided for under 45 C.F.R. § 164.504(e), non-breaching party may terminate this Agreement and any related agreements without penalty or recourse to non-breaching party if non-breaching party determines that breaching party has violated a material term of this Agreement.

I agree to all of the terms and conditions above:

Signature Line ***DO NOT SIGN HERE. THIS COPY IS FOR YOUR RECORDS ONLY***

**ATTESTATION FOR PART II CANDIDATES APPLYING FOR PART II EXAMINATION**

I attest that I have read and understand the ABOS Rules and Procedures for Residency Education, Part I, and Part II Examinations, which include the following two statements:

1. *A Candidate must have started practice and been granted hospital admitting and surgical privileges on or before November 1 in order to qualify for the ABOS Part II Oral Examination two calendar years later. Practice is defined as being actively engaged (seeing patients and operating) in operative orthopaedic surgery.*

2. *A Candidate must be continuously and actively engaged in the practice of operative orthopaedic surgery, other than as a resident or fellow (or equivalent), in one location for at least 17 consecutive full calendar months from the November 1st start date through March 31st of the year of the Examination. The Candidate's hospital and practice affiliations must remain the same during that 17-month time period and the Candidate must maintain full hospital admitting and surgical privileges throughout that time period.*