

Friends *of* the Society

Dear Friend of the Society:

Thank you for requesting information about the HCMS DocList Program, the Harris County Medical Society's label and electronic data service. This service is now being offered exclusively [Friends of the Society](#).

In order to process your request, the following documents must be submitted:

1. A copy of your mailing collateral.
2. Request Form (page 3 & 4).
3. Signed Agreement on Utilization of Membership List (page 5).
4. Method of Payment Form (page 6).
5. If applicable, Letter of Agreement for mailing house (page 7).

HCMS reserves the right to approve or disapprove any mailing to its members, including discontinuing this service option to Friends of the Society at any time, with or without notice. Please note that membership in the Friends of the Society program does not constitute an endorsement by Harris County Medical Society of your organization or your organization's products or services. Therefore, the HCMS logo may not be used by Friends of the Society in marketing or branding of any kind. However, your organization may indicate that it is a Friend of the Society through the duration of your Friends of the Society contract.

Pricing information

OFFICE ADDRESS LABELS/NAME PRICING*	FOS MEMBERS
1 - 1,000 Labels/Names	\$250.00
1,001 - 2,500 Labels/Names	\$300.00
2,501 Labels/Names and up to complete membership (approx. 7,400)	\$500.00

Shipping information

Labels can be purchased as:

1. Press-A-Ply Labels (peel and stick). They can be picked up at HCMS offices on 1515 Hermann Drive, 2nd floor between 9 am – 5 pm, Monday – Friday. They can also be mailed free of charge via standard US mail.
2. Electronic Data. The data can only be delivered to an approved mail house.

* Pricing includes taxes and regular USPS delivery.

Scope of order

If you do not wish to purchase the complete membership, we can provide information by different specialties, zip codes, age preference, newly licensed physician, and/or by practice setting per set. If you would like to know how in advance approximately how many labels/names to expect, please let us know.

Once all information is received please allow 72 hours for processing.

Please contact Suzy Pero or Ahuva Terk at the Harris County Medical Society office, (713) 524-4267 or via e-mail at suzy_pero@hcms.org or sales@hcms.org, if you have any questions.

Best regards,

Ahuva Terk

Vice President of Member Services
Harris County Medical Society

Friends *of* the Society

Harris County Medical Society Request Form

The following process will be followed to process orders:

1. Orders can only be used for the approved utilization described on page 5.
2. Content of the mailing must be approved by HCMS before labels or electronic data is provided.
3. Full payment must be received before labels or electronic data is provided.

Please specify:

1. Labels format

_____ Press-A-Ply Labels (peel and stick) Please check: Zip Code order Alphabetical order
_____ Electronic Data (available to use through an approved mail house only)

2. Frequency of the request (check appropriate box)

- One time request
- Execute the request on the following dates:

Note:

- Marketing collateral must be approved 72 hrs before an order is processed
- A new set of labels or electronic data will be provided on each requested date to ensure that member information is as accurate as possible. Consequently, the letter of agreement with the mail house which states that ". . . the purchased mailing list in electronic form for a **one-time** use by the third party client . . ." still stands. Per letter of agreement, each list should be used once and discarded.
- Full payment must be received for the entire order specified in this request form before order can be filled.

3. Scope of order

Complete Membership -

Specific Specialties, as on page 7 of this document. Please list the specialties you are requesting. You may select more specialties and/or zip codes if needed.

(1) _____ (2) _____ (3) _____ (4) _____

(5) _____ (6) _____ (7) _____ (8) _____

Specific Zip Codes. Please list the [zip codes](#) you are requesting.

(1) _____ (2) _____ (3) _____ (4) _____

(5) _____ (6) _____ (7) _____ (8) _____

Age Preference: (please check all that apply): All Ages / 20-39 40-59 60-69 70+

Newly Licensed: Please check box if interested only in physicians licensed in Texas in the past two years.

Practice Settings: Independent Practice / Hospital Employed / Academic

4. Pick up

_____ Will pick up labels at the HCMS offices
_____ Please send labels to:

To submit your order

(1) Please return this request with (2) a signed copy of the Agreement of Utilization (3) a copy of the mailing and (4) the Method of Payment Form. **Unless all four pages are present your request cannot be submitted for approval.**

Company Name: _____

Name: _____

Signature: _____

Phone: _____

Email Address: _____

STATE OF TEXAS

COUNTY OF HARRIS

FOS AGREEMENT ON UTILIZATION OF MEMBERSHIP LABELS/ELECTRONIC DATA

WHEREAS, the undersigned has requested the Harris County Medical Society to release its membership Labels/Names to (it) (her) (him) (them):

and,

WHEREAS, the Executive Board of the Harris County Medical Society has approved such request for use of the membership labels limited to the above stated purpose to mail the attached mailing collateral for a one time use only; and

WHEREAS, the Harris County Medical Society does not allow its membership list to be duplicated nor used in any way other than for the purpose listed below.

Now, therefore, the undersigned party agrees that the membership list released shall be utilized only for the following purposes:

and that such party to this agreement shall instruct all employees, agents, or other persons having access to such labels/names to consider the labels/names confidential and that violation of this agreement and understanding may result in appropriate sanctions to be imposed against any party violating this agreement by the Harris County Medical Society.

COPYRIGHT NOTICE: It is understood that the purchaser of this list has agreed to use this mailing list on a one time basis only as described on purchaser's offer to buy the list and that the list and/or labels shall not be reproduced, stored in a retrievable system or transmitted in any form by any means, electronic, mechanical, photocopying or recording.

COPYRIGHT 2018 by the HARRIS COUNTY MEDICAL SOCIETY

ANYONE VIOLATING THE COPYRIGHT PROTECTION IS SUBJECT TO PROSECUTION

EXECUTED THIS ____ DAY OF _____, 2019.

Ahuva Terk

Ahuva Terk
Vice President of Member Services
Harris County Medical Society

Friend of the Society's Signature

Printed Name & Date

Friends *of* the Society

HARRIS COUNTY MEDICAL SOCIETY METHOD OF PAYMENT FORM LABELS/ELECTRONIC DATA

Method of Payment:

- Company check payable to Harris County Medical Society in the amount of \$ _____
 Friends of the Society Account Amount \$ _____ Credit Card

Please Circle the type of Credit Card: Mastercard / Visa / Discover / American Express

Total Amount to be Charged: \$ _____

Credit Card No. _____ Exp. Date: _____

Name as appears on credit card: _____

Billing Address: _____

Billing City, State & Zip: _____

Signature: _____

All credit card information is privileged and confidential and will not be duplicated or distributed in any way.

MAILING HOUSE LETTER OF AGREEMENT (for electronic data only)

Between:

Harris County Medical Society
1515 Hermann
Houston, TX 77004-7126

Name & Address of Mailing House:

Subject: Custody and Use of Mailing Lists

1. The Harris County Medical Society from time to time authorizes third party clients to use the Society's mailing list to send a mailing whose content has been approved by the Society. The third party client remits any fee payable for use of the mailing list directly to the Society. In the event that the third party client elects to use the services of _____ (name of mailing house) for its mailing, the Society will provide the above named mailing house the purchased mailing list in electronic form for one-time use by the third party client. The Society will provide this list via e-mail.
2. The third party client will contract directly with the above named mailing house for mailing services. The third party client will be solely responsible to the above named mailing house for all fees and charges incurred.
3. The third party client will be responsible for providing the mailing content in whatever form they and the above named mailing house have agreed upon.
4. The content of the mailing will be approved by the Society before the Society's mailing list is transmitted. The Society will provide the mailing house with an approved hard copy of the mailing content (which may be sent by fax) and an electronic merge list suitably identified as the list to which the approved content material is to be sent.
5. The above named mailing house agrees to use the mailing list only in the manner, and for the mailing, specifically authorized for the one mailing only. The above named mailing house will not release the list to anyone else, including the third party client. The list will be treated as confidential intellectual property and safeguarded accordingly.
6. Upon completion of the mailing, the list will be destroyed. Subsequent mailings will require transmittal of separate mailing lists and separate content authorization.

Agreed to for the _____

(insert name of mailing house)

Signature

Date

Phone

Title

Email Address

For the Harris County Medical Society:

Signature

Date

Title

CODES FOR SELF-DESIGNATED PRACTICE SPECIALTIES

A Allergy
ACA Adult Cardiothoracic Anesthesiology
ADL Adolescent Medicine, Pediatrics
ADM Addiction Medicine
ADP Addiction Psychiatry
AHF Advanced Heart Failure & Transplant Cardiology
AI Allergy and Immunology
ALI Allergy and Immunology, Clinical and Laboratory Immunology
AM Aerospace Medicine
AMF Adolescent Medicine, Family Medicine
AN Anesthesiology
APM Pain Medicine, Anesthesiology
AR Abdominal Radiology
AS Abdominal Surgery
ASO Advanced Surgical Oncology
ATP Anatomic Pathology
BBK Blood Banking/Transfusion Medicine
BIN Brain Injury Medicine
CAP Child Abuse Pediatrics
CCA Critical Care Medicine, Anesthesiology
CCG Clinical Cytogenetics
CCM Critical Care Medicine, Internal Medicine
CCP Pediatric Critical Care Medicine
CCS Critical Care Surgery
CD Cardiovascular Diseases
CFS Craniofacial Surgery
CG Clinical Genetics
CHD Adult Congenital Heart Disease
CHN Child Neurology
CHP Child and Adolescent Psychiatry
CHS Congenital Cardiac Surgery
CIP Clinical Informatics
CLP Clinical Pathology
CN Clinical Neurophysiology
CRS Colon and Rectal Surgery
CS Cosmetic Surgery
CTR Cardiothoracic Radiology
CTS Cardiothoracic Surgery
D Dermatology
DBP Developmental-Behavioral Pediatrics
DDL Dermatological Immunology, Clinical and Laboratory
DIA Diabetes
DMP Dermatopathology
DR Diagnostic Radiology
DS Dermatologic Surgery
EM Emergency Medicine
END Endocrinology, Diabetes and Metabolism
EP Epidemiology
EPL Epilepsy
ESN Endovascular Surgical Neuroradiology
ETX Medical Toxicology
FM Family Medicine
FOP Forensic Pathology
FPG Geriatric Medicine, Family Medicine
FPR Female Pelvic Medicine & Reconstructive Surgery, OB/Gyn
FPS Facial Plastic Surgery
FSM Sports Medicine, Family Medicine
GE Gastroenterology
GO Gynecological Oncology
GP General Practice
GPM General Preventive Medicine
GS General Surgery
GYN Gynecology
HEM Hematology, Internal Medicine
HEP Hepatology
HMP Hematology, Pathology
HNS Head and Neck Surgery
HO Hematology/Oncology
HOS Hospitalist
HPM Hospice & Palliative Medicine
HS Hand Surgery
HSO Hand Surgery, Orthopedic Surgery
HSP Hand Surgery, Plastic Surgery
IC Interventional Cardiology
ICE Cardiac Electrophysiology, Clinical
ID Infectious Diseases
IFP Internal Medicine, Family Practice
IG Immunology
ILI Internal Medicine, Clinical and Laboratory Immunology
IM Internal Medicine
IMG Geriatric Medicine, Internal Medicine
IPM Internal Medicine, Preventive Medicine
IRI Interventional Radiology, Integrated
ISM Sports Medicine, Internal Medicine
LM Legal Medicine
MDM Medical Management
MFM Maternal and Fetal Medicine
MG Medical Genetics
MGP Molecular Genetic Pathology
MM Medical Microbiology
MPD Internal Medicine/Pediatrics
MSR Musculoskeletal Radiology
N Neurology
NC Nuclear Cardiology
NDN Neurodevelopmental Disabilities, Psychiatry & Neurology
NDP Neurodevelopmental Disabilities, Pediatrics
NEP Nephrology
NM Nuclear Medicine
NMN Neuromuscular Medicine
NO Neurology/Otology
NP Neuropathology
NPM Neonatal-Perinatal Medicine
NPR Neurology, Physical Medicine & Rehab
NR Nuclear Radiology
NRN Neurology/Diagnostic Radiology/Neuroradiology
NS Neurological Surgery
NSP Pediatric Surgery, Neurology
NTR Nutrition
NUP Neuropsychiatry
OAN Obstetrics Anesthesiology
OAR Orthopedic Surgery, Adult Reconstructive
OBG Obstetrics and Gynecology
OBS Obstetrics
OCC Critical Care Medicine, Obstetrics and Gynecology
OFA Foot and Ankle, Orthopedic Surgery
OM Occupational Medicine
OMF Oral & Maxillofacial Surgery
OMM Osteopathic Manipulative Medicine
OMO Musculoskeletal Oncology
ON Oncology, Medical
OP Pediatric Orthopedics
OPH Ophthalmology
OPR Ophthalmic Plastic & Reconstructive Surgery
ORS Orthopedic Surgery
OS Other Specialty
OSM Sports Medicine, Orthopedic Surgery
OSS Orthopedic Surgery of the Spine
OTO Otolaryngology
OTR Orthopedic Trauma
P Psychiatry
PA Pharmacology, Clinical
PAN Pediatric Anesthesiology
PCC Pulmonary Critical Care Medicine
PCH Chemical Pathology
PCP Cytopathology
PCCS Pediatric Cardiothoracic Surgery
PD Pediatrics
PDA Pediatric Allergy
PDC Pediatric Cardiology
PDD Pediatric Dermatology
PDE Pediatric Endocrinology
PDI Pediatric Infectious Disease
PDO Pediatric Otolaryngology
PDP Pediatric Pulmonology
PDR Pediatric Radiology
PDS Pediatric Surgery, Surgery
PEM Pediatric Emergency Medicine
PFM Forensic Psychiatry
PG Pediatric Gastroenterology
PHL Phlebology
PHM Pharmaceutical Medicine
PHO Pediatric Hematology/Oncology
PHP Public Health & Preventative Medicine
PLI Pediatric, Clinic & Laboratory Immunology
PLM Palliative Medicine
PM Physical Medicine and Rehabilitation
PME Pain Management
PMG Pediatrics/Medical Genetics
PMM Pain Medicine
PMP Pain Medicine, Physical Med & Rehab
PN Pediatric Nephrology
PO Pediatric Ophthalmology
PP Pediatric Pathology
PPM Pediatric Physical Medicine and Rehab
PPR Pediatric Rheumatology
PRD Procedural Dermatology
PRO Proctology
PRS Sports Medicine, Phys Med & Rehab
PS Plastic Surgery
PSH Plastic Surgery within the Head & Neck
PSM Pediatric Sports Medicine
PTH Pathology, Anatomic/Clinical
PTP Pediatric Transplant Hepatology
PTX Medical Toxicology, Preventive Medicine
PUD Pulmonary Diseases
PYA Psychoanalysis
PYG Geriatric Psychiatry
PYM Psychosomatic Medicine
R Radiology
REN Reproductive Endocrinology & Infertility
RHU Rheumatology
RNR Neuroradiology
RO Radiation Oncology
RPM Pediatric Rehabilitation Medicine
SCI Spinal Cord Injury Medicine
SME Sleep Medicine
SO Surgical Oncology
SP Selective Pathology
THP Transplant Hepatology
TRS Trauma Surgery
TS Thoracic Surgery
TTS Transplant Surgery
U Urology
UCM Urgent Care Medicine
UM Undersea & Hyperbaric Medicine
UP Pediatric Urology
UPR Female Pelvic Medicine, Urology
US Unspecified
VIR Vascular and Interventional Radiology
VM Vascular Medicine
VN Vascular Neurology
VS Vascular Surgery