Dear HCMS Member:

Thank you for your interest in the HCMS DocList, the Harris County Medical Society’s label and electronic data service.

In order to process your request, the following documents need to be submitted:
1. A copy of your mailing.
2. Request form for either a one-time use only or for standing orders (pages 3-4).
3. Agreement on Utilization of Membership signed by a member physician (page 5).
4. Method of payment form – check or credit card payment information (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. Mailings can be used only to: Share details about your practice (i.e. office hours, languages spoken, etc.); Communicate changes (i.e., relocating, new staff, new procedures, etc.); Build your brand awareness by sharing a practice newsletter; or Promote continuing medical education opportunities.

Pricing information is listed below. All new HCMS members and physicians in their first and second year in practice are eligible to receive one set of free electronic labels.

<table>
<thead>
<tr>
<th>LABEL/NAME PRICING</th>
<th>MEMBERS</th>
<th>INSTITUTIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 499 Labels/Names</td>
<td>52.50</td>
<td>105.00</td>
</tr>
<tr>
<td>500 - 1,000 Labels/Names</td>
<td>105.00</td>
<td>157.50</td>
</tr>
<tr>
<td>1,001 - 2,500 Labels/Names</td>
<td>157.50</td>
<td>210.00</td>
</tr>
<tr>
<td>2,501 Labels/Names and up to complete membership (approx. 7,100)</td>
<td>262.50</td>
<td>315.00</td>
</tr>
</tbody>
</table>

Shipping is calculated within the Houston postal zip code area. If shipping outside of area, please ask for an estimate.

Unless a tax-exempt certificate is on file with the HCMS office, sales tax will be added. An invoice and a copyright notice will be included with the processed label request.

If you do not wish to purchase the complete membership, we can provide information by different specialties, zip codes, age preference, newly licensed physicians, and/or by practice setting (Independent Practice, Hospital Employed, Academic) per set of labels/names printed. If you would like to know in advance approximately how many labels/names to expect based on your criteria, please let us know.

Once all information is received please allow one week for processing.

If you have any questions, please contact Suzy Pero at the HCMS office, 713-524-4267 or via e-mail suzy_pero@hcms.org. The completed forms can be emailed to Suzy or faxed to 713-528-0951.

Thank you,

Ahuva Terk, MBA
HCMS Vice President, Member Services
Harris County Medical Society
Basic Membership Statistics

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Total Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>935</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>754</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>579</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>641</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>508</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>147</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>210</td>
</tr>
<tr>
<td>Pathology, Anatomical/Clinical</td>
<td>256</td>
</tr>
<tr>
<td>Surgery, General</td>
<td>232</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>253</td>
</tr>
<tr>
<td>Radiology</td>
<td>299</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>256</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>234</td>
</tr>
<tr>
<td>Radiology, Diagnostic</td>
<td>244</td>
</tr>
<tr>
<td>Radiology Oncology</td>
<td>104</td>
</tr>
<tr>
<td>Neurology</td>
<td>167</td>
</tr>
<tr>
<td>Dermatology</td>
<td>204</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>182</td>
</tr>
<tr>
<td>Oncology</td>
<td>162</td>
</tr>
<tr>
<td>Urology</td>
<td>147</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>168</td>
</tr>
<tr>
<td>Nephrology</td>
<td>124</td>
</tr>
<tr>
<td>Physical Medicine &amp; Rehabilitation</td>
<td>98</td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>77</td>
</tr>
<tr>
<td>Endo, Diabetes &amp; Metabolism</td>
<td>81</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>67</td>
</tr>
<tr>
<td>General Practice</td>
<td>82</td>
</tr>
<tr>
<td>Pulmonary Diseases</td>
<td>80</td>
</tr>
<tr>
<td>Hematology/Oncology</td>
<td>86</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>148</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Members</th>
<th>Branch</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,115</td>
<td>Central</td>
</tr>
<tr>
<td>148</td>
<td>East</td>
</tr>
<tr>
<td>760</td>
<td>North</td>
</tr>
<tr>
<td>671</td>
<td>Northwest</td>
</tr>
<tr>
<td>672</td>
<td>Southeast</td>
</tr>
<tr>
<td>1,248</td>
<td>Southwest</td>
</tr>
<tr>
<td>806</td>
<td>West</td>
</tr>
</tbody>
</table>

7,420 TOTAL

*Refers to physicians practicing within the 610 Loop

A complete list of recognized self-designated practice specialties can be found on page eight of this packet.
Harris County Medical Society
Request Form

The following process will be followed to process orders:
• Orders can be used only for the approved utilization described on page four.
• Content of each mailing must be approved by HCMS one week before labels or electronic data is provided.

Please specify your preference for labels/names:
☐ 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)

Frequency of the request (check appropriate box below):
☐ One Time Request only
☐ Execute the request on the following dates:__________________________________________________

• 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 (page seven) 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.
• If providing a credit card on file, that credit card will be charged up on each delivery of the labels. If paying with a check, the full amount will be invoiced for the entire standing order when submitting the contract.
• HCMS is authorized to charge my credit card on file at each delivery time.

_________ (please initial) See page six to complete credit card form.

Order Details:

☐ Complete Membership

Specific Specialties, as listed in the Pictorial Roster or page eight of this document. Please list the specialty or 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. Refer to pages 24 in the HCMS Pictorial Roster to view a zip code map or go to https://www.hcms.org/about/branch-societies to get the zip codes with in each branch area.

(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 only if interested in physicians that have been licensed in Texas within the past two years.

Practice Settings: □ Independent Practice / □ Hospital Employed / □ Academic

Please specify preference of pick up:

□ Will pick up labels at the HCMS office (1515 Hermann Drive, Houston, TX 77004)

□ Please send labels by (please check one):
  □ USPS mail
  □ UPS and invoice to:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

To submit your request:

(1) Please return this request form.
(2) Include a copy of the Agreement of Utilization signed by a member physician.
(3) Include a copy of the mailing.

Unless all three pages are present your request cannot be submitted for approval.

Signature: ___________________________________________ Title: ___________________________________________

Date labels to be completed: ___________________________ Phone Number: ___________________________

Email Address: __________________________________________________________

If applicable, please check:

□ I am a new physician member of HCMS □ I am a physician member in my first or second year in practice
STATE OF TEXAS
COUNTY OF HARRIS

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):

_______________________________________________________________________________________
_______________________________________________________________________________________

(Name of Physician/Organization Requesting Labels)

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 for a one time use only; and

WHEREAS, the Harris County Medical Society does not allow its membership list to be utilized for commercial purposes or for solicitation in any manner unless approved by the Executive Board; 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 2019 by the HARRIS COUNTY MEDICAL SOCIETY

ANYONE VIOLATING THE COPYRIGHT PROTECTION IS SUBJECT TO PROSECUTION

EXECUTED THIS _______ DAY OF _______________________, 2019.

_______________________________________________________________________________________

Debbi Eschenbach
Branch & Project Manager
Harris County Medical Society

HCMS Member Physician’s Signature ________________________________

HCMS Member Physician (Please Print) ________________________________

Email Address

_____________________________________
Debbi Eschenbach
Branch & Project Manager
Harris County Medical Society

Revised January 2019
Fax to: 713-528-0951
Page 5
Method of Payment:

☐ Check payable to Harris County Medical Society in the amount of $____________

☐ Credit card (complete below)

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

Total Amount 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.
LETTER OF AGREEMENT (for electronic data only)

Between: Harris County Medical Society
1515 Hermann Dr
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 on either e-mail or compact disk media.

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

Attached: Sample Mailing Content with Approval

Mailing house Agreement/January 2018
A Allergy
ACA Adult Cardiotoracic 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
BIN Brain Injury Medicine
BBK Blood Banking/Transfusion 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
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
FPD 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
IM Internal Medicine
IMG Geriatric Medicine, Internal Medicine
IPM Internal Medicine, Preventive Medicine
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
NPD Neurodevelopmental Disabilities, Pediatrics
NEP Nephrology
NM Nuclear Medicine
NMN Neuromuscular Medicine
NO Neurology/Otolaryngology
NP Neuropathology
NPM Neonatal-Perinatal Medicine
NPR Neurology, Physical Medicine & Rehab
NR Nuclear Radiology
NRN Nuclear Medicine/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
OSO Orthopedic Surgery of the Spine
OTO Otolaryngology
OTR Orthopedic Trauma
P Psychiatry
PA Pharmacology, Clinical
PAN Pediatric Anesthesiology
PCP Pulmonary Critical Care Medicine
PCH Chemical Pathology
PCP Cytopathology
PCS 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
FFP Forensic Psychiatry
PG Pediatric Gastroenterology
PHL Phlebology
PHM Pharmaceutical Medicine
PHO Pediatric Hematology/Oncology
PHP Public Health & Preventative Medicine
PLM Palliative Medicine
PM Physical Medicine and Rehabilitation
PME Pain Management
PMG Pediatrics/Medical Genetics
PMM Pain Medicine
PPR Pediatric Rheumatology
PPR Pediatric Rheumatology
PTE 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
TSS Trauma Surgery
TS Thoracic Surgery
TTS Transplant Surgery
U Urology
UCM Urgent Care Medicine
UM Undersea & Hyperbaric Medicine
UP Pediatric Urology
UFR Female Pelvic Medicine, Urology
US Unspecified
VIR Vascular and Interventional Radiology
VM Vascular Medicine
VN Vascular Neurology
VS Vascular Surgery

Revised June 1, 2018
Fax to: 713-528-0951
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