

**Please Print On Your Organization's Official Letterhead, Sign & Return To:
Reid Consulting Group, 340 West State Street, Suite 243, Athens, OH 45701**

Mr. Keith Coleman
President, Southern Ohio Health Care Network, Inc.
CIO, Adena Health System
272 Hospital Road
Chillicothe, OH 45601

Re: Letter of Agency for FCC Rural Health Care Pilot Program

Dear Mr. Coleman:

By this letter, **NAME OF HCP** (hereinafter called "Health Care Provider") confirms its participation in the Southern Ohio Health Care Network's Rural Health Care Pilot Program. The Health Care Provider hereby authorizes the Southern Ohio Health Care Network, Inc. (the non-profit corporation established to manage this project) to act on its behalf before the Federal Communications Commission (FCC) in matters related to the Rural Health Care Pilot Program (hereinafter called the "RHCPP"). The Health Care Provider is a member of the Southern Ohio Health Care Network (SOHCN). The Health Care Provider authorizes the Southern Ohio Health Care Network, Inc. to submit FCC Form 465, FCC Form 466-A, FCC Form 467 and any other Rural Health Care Pilot Program forms and attachments to the Rural Health Care Division of the Universal Service Administrative Company on behalf of the Health Care Provider. This Letter of Agency is effective from the date of this letter to the network build-out deadline as defined by the FCC.¹

Membership in the SOHCN consortium does **not** obligate the Health Care Provider to any costs. Rather, this signed Letter of Agency only enables the SOHCN to include the Health Care Provider in bids for services that the Health Care Provider may later elect to purchase or not to purchase. The SOHCN will issue and evaluate open competitive bids to which the Health Care Provider shall have full access. In addition, the Letter of Agency enables the SOHCN to apply funding from the RHCPP to subsidize a substantial portion of the Health Care Provider's costs for eligible services.

By this Letter of Agency, the Health Care Provider authorizes the Southern Ohio Health Care Network, Inc. to make the certifications included in the FCC Form 465, 466-A and 467 on behalf of the Health Care Provider. In addition to the certifications contained in the above referenced FCC Forms, the Health Care Provider certifies the following:

- a) Health Care Provider certifies that it is a non-profit or public entity.
- b) Health Care Provider certifies that it has followed any applicable State or local procurement rules.
- c) Health Care Provider certifies that telecommunications services and network capacity provided to it as a result of its participation in the RHCPP will be used solely for purposes reasonably related to the provision of health care service or instruction that it is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

¹ See *In the Matter of Rural Health Care Support Mechanism*, WC Docket 02-60, Order, 22 FCC Rcd 20360, ¶¶ 35, 94 (2007) (defining the network build-out deadline as five years from the Pilot Program Participant's receipt of the initial Funding Commitment Letter.).

**Please Print On Your Organization's Official Letterhead, Sign & Return To:
Reid Consulting Group, 340 West State Street, Suite 243, Athens, OH 45701**

- d) Health Care Provider certifies that it will retain documentation of its purchases of service related to the Pilot Program for five years from the end of the funding year.
- e) Health Care Provider acknowledges that FCC rules provide that individual health care facilities participating in the RHCPP that have been convicted of a felony, indicted, suspended, or debarred from award of federal or state contracts or are not in compliance with the FCC's rules and regulations, are not to be eligible for discounts under the RHCPP.
- f) Health Care Provider certifies that, to the best of its knowledge, the non-discount portion of the costs for eligible services will not be paid by the service provider.
- g) Health Care Provider acknowledges that the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.
- h) Health Care Provider certifies that **[name of person authorized to sign LOA]** is authorized to sign this Letter of Agency and is authorized to act on behalf of the Health Care Provider in matters related to the RHCPP. **[Authorized Person]**'s contact information is provided below.
- i) Health Care Provider acknowledges that it shall be subject to audit by the FCC and, if necessary, investigated by the FCC, to determine compliance with the RHCPP, FCC rules and orders as well as section 254 of the Communications Act of 1934, as amended.

These **# HCP NAME** locations are members of the Southern Ohio Health Care Network:

HCP PRIMARY LOCATION	HCP SATELITTE LOCATION	HCP SATELITTE LOCATION
ADDRESS	ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP
Phone Number	Phone Number	Phone Number

HCP SATELITTE LOCATION	HCP SATELITTE LOCATION	HCP SATELITTE LOCATION
ADDRESS	ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP
Phone Number	Phone Number	Phone Number

HCP SATELITTE LOCATION	HCP SATELITTE LOCATION	HCP SATELITTE LOCATION
ADDRESS	ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP
Phone Number	Phone Number	Phone Number

Authorized Person:

Signature: _____

AUTHORIZED PERSON's NAME, TITLE, HCP NAME

Address: _____

**Please Print On Your Organization's Official Letterhead, Sign & Return To:
Reid Consulting Group, 340 West State Street, Suite 243, Athens, OH 45701**

Phone Number: _____

Email Address: _____

Date: _____