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[HEALTH CARE PROVIDER'S LETTERHEAD]

Kim Lamb, Project Coordinator

Two Centerpointe Drive
Suite 570
Lake Oswego, OR 97035

Re: Letter of Agency for Rural Health Care Pilot Program

By this letter, [**Health Care Organization Name**] confirms its participation in the Oregon Health Network's Rural Health Care Pilot Program. [**Health Care Organization Name**] hereby authorizes Oregon Health Network (OHN) to act on its behalf before the Federal Communications Commission (FCC) in matters related to the Rural Health Care Pilot Program. [**Health Care Organization Name**] is a participant in OHN's network. [**Health Care Organization Name**] authorizes OHN 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 [**Health Care Organization**]. This Letter of Agency is effective from the date of this letter to the network build-out deadline as defined by the FCC.¹

By this Letter of Agency, [**Health Care Organization**] authorizes OHN to make the certifications included in the FCC Forms 465, 466-A and 467 on behalf of [**Health Care Organization**]. In addition to the certifications contained in the above referenced FCC Forms, [**Health Care Organization**] certifies to the following:

- a) [**Health Care Organization**] certifies that it is a non-profit or public entity.
- b) [**Health Care Organization**] certifies that it has followed any applicable State or local procurement rules.
- c) [**Health Care Organization**] certifies that telecommunications services and network capacity provided to it as a result of its participation in the Pilot Program 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

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.).

sold, resold, or transferred in consideration for money or any other thing of value.

- d) **[Health Care Organization]** 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 Organization]** acknowledges that FCC rules provide that individual health education facilities participating in the Pilot Program 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 be eligible for discounts under the Pilot Program.
- f) **[Health Care Organization]** 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 Organization]** 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 Organization]** 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 **[Health Care Organization]** in matters related to the Pilot Program. **[Authorized Person]**'s contact information is provided below.
- i) **[Health Care Organization]** acknowledges that it shall be subject to audit by the FCC and, if necessary, investigated by the FCC, to determine compliance with the Pilot Program, FCC rules and orders as well as section 254 of the Communications Act of 1934, as amended.

[Name of Health Organization]
Participant, Oregon Health Network

Signature _____

Name

Title of Authorized Person

Address

Phone Number

Email Address

Date