Form of Agreement – 2014 Consolidated Services Version – Template Final Version – New SPO Only - November, 2018

**Form of Agreement**

**for**

**Local Health Integration Network**

**Services Agreement**

**SERVICES AGREEMENT**

**FORM OF AGREEMENT**

**THIS AGREEMENT** is made as of the \_\_\_\_ day of \_\_\_\_\_\_\_, ***[insert year]***

**B E T W E E N**

***[Insert full legal name of the LHIN]***

(hereafter the “LHIN”)

– and –

***[Insert full legal name of the Service Provider]***

(hereafter the “Service Provider”)

– and –

***[Insert name(s) of all joint venture participants, if applicable]***

**WHEREAS:**

1. The LHIN wishes to retain the Service Provider to deliver the Services as set out in the Agreement;

2. The LHIN has received all requisite approvals necessary and has conformed with all requisite laws in accordance with the Applicable Law to permit the LHIN to enter into the Agreement;

3. The Service Provider has represented to the LHIN that it has the requisite skills and ability to deliver the Services to the LHIN and the Patients in an effective manner in the Service Area; and

4. The Service Provider has the corporate capacity and authority to enter into the Agreement.

**NOW THEREFORE**, in consideration of the mutual covenants and agreements hereinafter set forth, the LHIN and the Service Provider agree as follows:

# AGREEMENT DOCUMENTS

## Agreement Documents

The agreement between the LHIN and the Service Provider (the “Agreement”) consists of the following documents and each of the following are incorporated by reference into the Agreement and shall be read and construed as an integral part of the Agreement (collectively, the “Agreement Documents”):

##### Form of Agreement;

##### General Conditions of the Agreement;

##### Schedules to the General Conditions of the Agreement as follows;

###### Schedule 1 – Special Conditions;

###### Schedule 2 – Pricing and Compensation Schedule;

###### Schedule 3 – Services Schedule or Schedules as listed in the Special Conditions;

###### Schedule 4 – Performance Standards Schedule or Schedules as listed in the Special Conditions; and

##### Attachments to the Schedules to the General Conditions of the Agreement.

## Order of Precedence

In the event of any ambiguity or conflict between any of the Agreement Documents the order of precedence shall be as follows,

##### Form of Agreement;

##### Special Conditions (Schedule 1 to the General Conditions);

##### General Conditions of the Agreement;

##### Schedules to the General Conditions; and

##### Attachments to the Schedules to the General Conditions.

## Definitions

Unless the context requires otherwise, capitalized words and phrases used but not defined in this Form of Agreement shall have the same meanings as are ascribed to them in the General Conditions of the Agreement, Schedules to the General Conditions of the Agreement and Attachments to the Schedules to the General Conditions.

# SERVICE PROVIDER’S COMPENSATION AND TERMS OF PAYMENT

## Service Provider’s Compensation

In consideration of the performance by the Service Provider of its obligations under this Agreement, the LHIN hereby agrees to pay to the Service Provider compensation in accordance with the terms and conditions of the Agreement.

# EFFECTIVE DATE AND STARTING DATE

## Determination of Effective Date and Starting Date

The Effective Date and the Starting Date shall be determined in accordance with the General Conditions. For the purposes of this Agreement, the Effective Date and the Starting Date shall be the same day.

***[Note: Be sure to fill in the same date as the “Starting Date” in the Special Conditions.]***

**IN WITNESS WHEREOF** the LHIN and the Service Provider have caused this Form of Agreement to be duly executed by their duly authorized representatives as of the date first written above.

***[Insert full legal name of the LHIN]***

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[Insert full legal name of the Service Provider]***

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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