

## Coalition Participation Form

You, on behalf of the community-based organization you represent (the "Member"), agree to participate in a Nemours Health and Prevention Services ("NHPS") sponsored community child health Coalition. As a member of this Coalition, you will be in a position to benefit from interaction with other community members and organizations that share the same vision to improve the health of Delaware children.

NHPS, a division of The Nemours Foundation ("Nemours"), was founded to promote community-based efforts to improve the health of children. Nemours (and all of its Divisions including, but not limited to, NHPS, the Alfred I. duPont Hospital for Children and the Nemours Children's Clinic in Delaware with practices located throughout Delaware) is considered a single legal entity that provides health care services.

**Community Purpose.** The NHPS goal in supporting the Coalition is to improve the health of children in the community. NHPS and Member acknowledge that the Coalition is intended solely to benefit the community by combining the expertise of NHPS and Coalition participants to improve the ability of participants to implement effective programs and engage in local child health related collaboration within the community. Specifically, NHPS wants to make clear that Nemours is neither asking for nor expecting any return in the form of patient referrals in exchange for the support and/or services provided to the Coalition and its membership by NHPS. Nemours and Member agree that there is no intent to influence the judgment of Member with regard to patient referrals or recommendations. This means that Member is not in any way obligated to refer patients to, or recommend the services of, Nemours. Furthermore, Member's participation in the Coalition shall not be interpreted as requiring or encouraging Member to utilize, refer to, or recommend Nemours for the provision of health care services.

**Attestation.** To the best of Member's knowledge and belief, Member has no investment, ownership or compensation relationships (direct or indirect) with physicians, or with the immediate family members of physicians, that vary based upon the volume or value of referrals that the physician makes to Nemours. Member certifies that, to the extent that it makes any medically necessary referrals to Nemours, the volume or value of such referrals does not vary based on either the Member's participation in this Coalition or support, items and services received from NHPS as a result of Member's participation in this Coalition. Further, to the best of its knowledge, Member does not personally benefit from participation in the Coalition, except as explained below:

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Name of Member Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Coalition Representative: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone (if different): \_\_\_\_\_ Fax (if different): \_\_\_\_\_

**ON BEHALF of the named member organization, I hereby acknowledge and agree to the above:**

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

Signature: \_\_\_\_\_

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