



The parties to this written agreement are Valley Health (hereafter "agency") and Dr. Gasparini (hereafter "Medical Director").

1. The Medical Director agrees to maintain responsibility for the medical component of the agency and works in consultation with the providers.
2. The Medical Director will adhere to Title X guidelines and will annually sign the 'Family Planning Statement of Understanding.'
3. The agency's organizational chart will show that the Title X Family Planning Program operates under the direction of the Medical Director who has received special training or experience in family planning as evidenced by resume or curriculum vitae (CV), certification, continuing education courses or attendance to conferences/other family planning trainings.
4. The Medical Director will be available for consultation per phone or email.
5. Agency program operations will include involvement from the Medical Director as evidenced by staff meeting minutes or other documentation. Board of Director and staff meeting minutes will be emailed to the Medical Director.
6. All clinic protocols will be reviewed and signed by the Medical Director.
7. All policies and procedures will be reviewed and approved by the Medical Director.
8. There is no compensation for the Medical Director for their services. Compensation will include in-kind services only.
9. The agency will have the sole right to bill and receive payment for any professional services provided by the Medical Director.
10. The Medical Director will be responsible for their own malpractice/liability insurance.
11. During the entire term of this agreement, the Medical Director shall be licensed in North Dakota. The Medical Director is responsible for providing the agency with a copy of their license and certification (if appropriate) upon renewal.
12. The term of this written agreement is for a period of 12 months, commencing on the 15<sup>th</sup> day of June 2017, and terminating on the 14<sup>th</sup> day of June, 2018.
13. The term of this agreement will renew automatically unless terminated by either party upon 30 days written notice.
14. This agreement shall be reviewed and signed annually.

Medical Director's Name: Andrea Gasparini, MD

Medical Director's Signature: [Handwritten Signature]

Date: 6/30/17

Executive Director's Name: \_\_\_\_\_

Executive Director's Signature: \_\_\_\_\_

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