



**JUNIOR HEALTH OFFICER SIGN UP AGREEMENT**

I \_\_\_\_\_ a duly licensed and specialized healthcare service provider licensed to practice \_\_\_\_\_ medicine in Uganda have agreed to sign up to the **LifeHealth**, telehealth application (“the app”) provided by FourW LifeHealth Limited to provide Healthcare Services. I further undertake as follows;

1. That I am a specialized medical doctor in \_\_\_\_\_Medicine
2. That I have the appropriate licenses and certifications to provide the services under the Agreement and shall remain licensed during the period of the Agreement.
3. That I shall at all times act personally in the provision of Healthcare services under the Agreement.
4. I agree that I shall perform the obligations under the Agreement with reasonable skill and care.
5. That I shall be personally responsible for all patients connected through the app that I advise, diagnose, examine or treat.
6. That I shall obtain a Zoom Cloud Meeting license and shall utilise it at all times in the performance of my obligations under the Agreement to facilitate virtual calls with patients for diagnosis, examination, prescription and treatment.
7. That I shall be available for requests from patients of Healthcare Services except in circumstances beyond my control.
8. That I shall utilise the personal data disclosed under the Agreement or to which I have otherwise collected or obtained access to pursuant to or in connection with the Agreement, solely for purposes of the Agreement and shall not sell, assign, lease or otherwise commercially exploit any personal data.
9. That any disclosure of any information that comes into my knowledge under the Agreement to a third party shall be subject to the express consent of the patient and FourW LifeHealth Limited.
10. That I shall report any security data breaches in the storage of the personal data and/or special personal data collected and obtained under the Agreement.
11. I agree to pay 50% (Fifty Percent) of the sum earned from each patient obtained from the app to FourW LifeHealth Limited for the maintenance services of the Application and as an obligation under the Agreement.

**Medical Doctor’s Name:** ..... **Signature:** .....

**Date:** .....

**On behalf of FourW LifeHealth Limited**

**Name:** Norah Amanyia

**Position:** Legal Counsel

**Date:** 6<sup>th</sup> July, 2022

**Signature:**