

DOCTORS INFORMATION SHEET

PHOTO

COMPLETE NAME:

GENDER: ☐ FEMALE

☐

SURNAME

GIVEN NAME

MIDDLE NAME

MALE

DATE OF BIRTH:

SSS NO.:

TIN NO.:

HOME ADDRESS:

EMAIL ADDRESS:

CONTACT DETAILS

HOME:

WORK:

MOBILE:

BANK DETAILS(FOR PROFESSIONAL FEE DEPOSITS)

BANK NAME:

ACCT HOLDERS NAME:

ACCOUNT NUMBER:

PROFESSIONAL DETAILS:

CLINIC ADDRESS:

SPECIALIZATION:

PRC NO.:

INSTRUCTIONS:

- 1) Accomplish the form and MOA
- 2) E-mail to info@recoveryhub.ph together with your resumé and a scanned copy of PRC ID
- 3) E-mail subject should be "I want to be a RecoveryHub Doctor"

MEMORANDUM OF AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

This **MEMORANDUM OF AGREEMENT** is made and executed at the City of _____, this ____ day of _____, 202____, by and between:

APPYUGO INC., a corporation duly organized and existing under Philippine laws with offices at Metro Psych Facility, Upper Malibu Beach Street, Subangdaku, Mandaue City, represented herein by its duly authorized representative Director, Fareda Fatima A. Flores, of legal age, Filipino, with postal and residence address at #520 Dr. Sixto Antonio Ave., Maybunga, Pasig City, hereinafter referred to as the “**SERVICE PROVIDER**”

and

_____, of legal age, Filipino, with postal and residence address at _____, hereinafter referred as the “**SERVICE USER**”

WITNESSETH:

WHEREAS, SERVICE PROVIDER provides for an electronic online platform referred to as **RECOVERY HUB** wherein **SERVICE USER** could conduct an online professional consultation and treatment to patients who could not avail of such services in person;

WHEREAS, the SERVICE USER is looking for an electronic online platform wherein he/she could conduct professional consultation and treatment to his/her patients who could not avail of such services in person ***through video conferencing***;

WHEREAS, SERVICE PROVIDER could provide for an ***online video conferencing*** for use by the **SERVICE USER** for him/her to conduct professional consultation and treatment;

NOW, THEREFORE, For and in consideration of the foregoing and the covenants contained below, the Parties have agreed to the following:

Professional License in Good Standing

1. That the **SERVICE PROVIDER** agrees to provide the **SERVICE USER** with **RECOVERY HUB**, the electronic online platform, subject to the condition that he/she shall be a licensed professional in good standing.

Payment of Fees to Service Provider

2. That the SERVICE PROVIDER will automatically deduct TWENTY FIVE PERCENT (25%) of all fees paid to the SERVICE USER as administrative fee.

3. That the SERVICE USER unequivocally agrees to pay TWENTY FIVE PERCENT (25%) of all fees collected to the SERVICE PROVIDER to be paid via automatic deduction;

Link with 3rd Party Service Providers

4. That the SERVICE PROVIDER will link with **3rd party service providers** for its billing and payments;

5. That the SERVICE USER agrees to set-up an exclusive account with the 3rd party service providers to manage all billings and payments collected;

Video Conferencing Equipments

6. That the SERVICE USER agrees to conform his/her video conferencing equipment to the minimum electronic technical requirements of the SERVICE PROVIDER's online platform;

Sole and Exclusive Responsibility for Health Records

7. That the SERVICE USER will have **the sole and exclusive responsibility** to safeguard and archive all of his/her respective patient's information and medical records;

Privileged Information and Confidentiality

8. That the SERVICE USER acknowledges that all of his/her patient's communications are deemed privileged information and thus will keep records thereof in strict confidentiality;

Non-Supervision and Control

9. That the SERVICE PROVIDER **does not supervise nor control** any acts of the SERVICE USER in the conduct of his/her individual professional practice;

Individual Professional Practice

10. That the SERVICE USER will conduct his/her services as an individual professional practice;

Liability for Malpractice

11. That the SERVICE PROVIDER will not be held liable for any malpractice committed by the SERVICE USER in the conduct of his professional practice;

Technical Security Measures and Guarantees

12. That the SERVICE PROVIDER guarantees that **there will be technical security measures** set in place to keep the online platform operational and effective;

13. That the SERVICE PROVIDER **does not guarantee** that the online platform will be **at all times** be operational and effective;

Cloud Storage for Mental Health Data

14. That the SERVICE PROVIDER will store the mental health data collected in a cloud storage;

15. That the SERVICE PROVIDER will provide sufficient security measures to safekeep all the patient information data stored in the cloud storage;

Appointments Scheduling Management

16. That the SERVICE PROVIDER will provide for a scheduling management of patient appointments for the SERVICE USER of choice;

17. That the SERVICE USER guarantees that he/she **at all times be available for all scheduled appointments** duly paid and confirmed;

Patient Mental Health Information Sheet

18. That the SERVICE PROVIDER will provide for a **Patient Health Information Sheet** upon which sensitive personal information will be collected by the SERVICE USER of choice;

Recovery Hub Terms and Conditions

19. That the SERVICE USER must adhere to the SERVICE PROVIDER's online **Terms and Conditions** governing the relations between SERVICE PROVIDER and client or patient;

Non-Sharing of Account and Non-Duplication of Program

20. That the SERVICE USER must not share his account and password with another SERVICE USER or any other person and must keep such account and password safely secured from any unintentional disclosure;

21. That the SERVICE USER must not duplicate the program of the SERVICE PROVIDER or copy any of its style, structure or source code as to establish any form of competition while being a subscriber of the SERVICE PROVIDER;

IN WITNESS WHEREOF, the parties have set their hands and affixed their signatures on _____ at _____.

CONSULTANT

SERVICE PROVIDER

In the Presence of:

ACKNOWLEDGMENT

REPUBLIC OF THE PHILIPPINES
CITY OF

S.S.

BEFORE ME, a Notary Public for and in the City of _____, personally appeared:

Name	Competent ID	ID No.	Date Issued	Place Issued	Expiry Date

Known to me and to me known to be the same persons who executed the foregoing instrument and acknowledged to me that the same are their free act and voluntary deed.

This instrument, consisting of (____) pages, including the page on which this acknowledgment is written, has been signed on the left margin of each and every page thereof by the concerned parties and their witnesses, and sealed with my notarial seal.

WITNESS MY HAND AND SEAL on this ____ day of _____ 202__, at _____.

Doc. No. _____

Page No. _____

Book No. _____

Series of 202__