MASTER AFFILIATION AGREEMENT
MAGNETIC RESONANCE IMAGING PROGRAM

This MASTER AFFILIATION AGREEMENT for the MAGNETIC RESONANCE IMAGING PROGRAM, hereinafter referred to as "Agreement", effective the first (1st) day of July 2026 ("Effective Date"), by and between THE QUEEN'S HEALTH SYSTEMS, with principal business and mailing address at 1301 Punchbowl Street, Honolulu, Hawaii 96813 ("QHS"), and DSDT COLLEGE, INC., with business address at 1759 West 20th Street, Detroit, Michigan 48216 ("INSTITUTION").

WITNESSETH THAT:

WHEREAS, INSTITUTION, in the interest of providing its students enrolled in its Magnetic Resonance Imaging Program instructional programs with an opportunity to work and learn in a clinical environment, is desirous of entering into this Agreement with QHS on the behalf of the following QHS entities:

A. The Queen's Medical Center, with principal and business mailing address at 1301 Punchbowl Street, Honolulu, Hawaii 96813 ("QMC");

B. The Queen's Medical Center – West Oahu, with business mailing address at 91-2141 Fort Weaver Road, Ewa Beach, Hawaii 96706 ("QMCWO");

C. Queen's North Hawaii Community Hospital, with principal and business mailing address at 67-1125 Mamalahoa Highway, Kamuela, Hawaii 96743 ("QNHCH");

D. Molokai General Hospital, with principal and business mailing address at 280 Home Olu Street, Kaunakakai, Hawaii 96748 ("MGH");

E. The Queen's Medical Center – Wahiawa, with business mailing address at 128 Lehua Street, Wahiawa, Hawaii 96786 ("QMC-Wahiawa");

F. The Queen's Medical Center – Kahi Mohala, with business mailing address at 91-2301 Old Fort Weaver Road, Ewa Beach, Hawaii 96706, ("QMC-Kahi Mohala");

G. Queen's Development Corporation, with principal and business mailing address at 1301 Punchbowl Street, Honolulu, Hawaii 96813 ("QDC");

H. Primary Care Physician Enterprise LLC, with principal and business mailing address at 1301 Punchbowl Street, Honolulu, Hawaii 96813 ("PCPE"); and

I. Ambulatory or outpatient care clinics, including but not limited to the ambulatory or outpatient care clinics under Queen's University Medical Group, with principal and business mailing address at 1301 Punchbowl Street, Honolulu, Hawaii 96813 ("QUMG"); and

WHEREAS, QHS is desirous of delivering and providing such an environment for students from INSTITUTION to obtain the necessary clinical experience; and

WHEREAS, it is the intention of the parties hereto to enter into this Agreement in order to provide a statement of the respective covenants, conditions, and agreements in connection with the establishment of this affiliation relationship.

NOW, THEREFORE, the parties mutually agree as follows:

I. SCOPE OF DUTIES AND RESPONSIBILITIES.

A. INSTITUTION shall:

1. Assume full responsibility for the planning and execution of the clinical program including administration, management, curriculum content, faculty appointments, and faculty administration.

2. Provide qualified faculty members who shall be responsible for the instruction and who shall cooperate with designated QHS staff and personnel in the planning, administration, and evaluation of student experiences.

3. Provide qualified instructors to teach all prescribed courses and to provide appropriate clinical supervision.

4. Provide QHS with updated copy of the program curricula and objective to be achieved at QHS.

5. Be responsible for identifying preceptors and assigning students to QHS.

6. Assure that all faculty members and students participating in the clinical program are informed of all rules, regulations, policies, and procedures of QHS and that they are required to abide by these rules, regulations, policies, and procedures at all times, including confidentiality of all patient information pertaining to the services provided under this Agreement.

7. Provide such training related to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) as may be developed or approved by QHS.

8. Collaborate with QHS staff and personnel on assignments, schedules, and management of the clinical program.

9. Require that before starting at QHS, all students participating in the clinical program have completed all appropriate health screening requirements as specified by QHS.

10. Require that each student provide their own identification tags and uniform.

11. Require that all students participating in the clinical program possess a current Basic Cardiopulmonary Life Support Certification.

12. Inform students and faculty members that they and/or their parent/guardian or spouse will be financially responsible for any medical treatment or care for illness or accident occurring while participating in any programs at QHS.

B. QHS shall:

1. Cooperate through mutual effort to help ensure the success of the program.

2. Notify INSTITUTION of any situation or behavior involving any faculty member or student participating in the clinical program who do not meet the intent or requirements of the program.

3. Reserve the right, after consultation with INSTITUTION, to exclude any student and/or faculty member from the program in the event that the student’s and/or

faculty member's conduct or state of health is deemed objectionable or detrimental to the best interest of QHS and to its patients.

4. Allow program participants the use of clinical facilities and provide faculty members and students with an orientation to the facility.

5. Provide, as available, such materials, equipment, supplies, space, and facilities as may be required for instruction under the program.

6. Make available to faculty members and students emergency medical care while on QHS premises at faculty members' and students' expense. Except for such emergency care, faculty members and students shall provide their own medical care.

7. Retain full control and management of the patients.

8. Provide INSTITUTION with current copies of procedure guides, rules, regulations, policies, and procedures of QHS applicable to the student's clinical rotation.

II. TIME OF PERFORMANCE.

This Agreement shall be effective from July 1, 2026, through June 30, 2029, unless sooner terminated, as hereinafter provided.

III. COMPENSATION.

There shall be no compensation of any kind exchanged or paid between the parties under this Agreement.

IV. CONFIDENTIALITY.

All information and data relating to QHS's business, including, without limitation, this Agreement, patient information, financial information, operations information, strategic and tactical planning information, and marketing plans, shall be treated as confidential by INSTITUTION and shall not, unless otherwise required by law, be disclosed to any third party by INSTITUTION without QHS's prior written consent. INSTITUTION shall give QHS immediate notice of the receipt of any subpoena or other similar process of law that requires the release or production of QHS's confidential information. INSTITUTION shall treat as confidential all other knowledge of QHS's business, development plans, programs, documentation, techniques, trade secrets and systems. QHS may disclose INSTITUTION confidential information, including this Agreement, to third party consultants for QHS's good faith business purposes including, but not limited to, evaluation of business operations and practices, and obtaining bond and other financing. This may include disclosure of pricing and purchasing information to QHS's physicians (employed or privileged), payers, QHS's Group Purchasing Organization and consultants.

Any information, data, report, record, summary, table, map or study given to or prepared or assembled by INSTITUTION under this Agreement shall be kept confidential and shall not be made available to any individual or organization by INSTITUTION without the prior written approval of QHS and execution of a BAA (if applicable). No summary, report, map, chart, graph, table, study or other document or discovery, invention or development produced in whole or in part under the agreement shall be the subject of an application for copyright or patent by or on behalf of INSTITUTION or INSTITUTION's officers, employees, agents or subcontractors without prior written authorization from QHS. INSTITUTION further agrees that the disclosure of any of such confidential information in violation of this Section would irreparably harm QHS and that in the event of a breach or threatened breach of this Section, QHS shall be entitled to a temporary and/or preliminary restraining order and/or injunction restraining and enjoining INSTITUTION from disclosing all or any part of such confidential information. QHS shall also be entitled

to recovery of appropriate damages, including, but not limited to, reasonable attorneys' fees.

V. INDEPENDENT CONTRACTOR STATUS AND RESPONSIBILITIES.

In the performance of the duties and responsibilities required under this Agreement, INSTITUTION shall be an "independent contractor" with the authority and responsibility to control and direct the performance and details of the work and responsibilities required under this Agreement; however, QHS shall have a general right to inspect the programs in progress to determine whether, in QHS's opinion, the duties, responsibilities, and terms of this Agreement are being performed by INSTITUTION in accordance with the provisions of this Agreement. All persons hired by INSTITUTION shall be INSTITUTION's employees and INSTITUTION shall ensure that such persons are qualified to engage in the activity and services in which they participate. INSTITUTION shall be responsible for the accuracy, completeness, and adequacy of any and all work and services performed by INSTITUTION's employees and shall ensure that all applicable licensing and operating requirements of the state, federal, and county governments, and all applicable accreditation and other standards of quality generally accepted in the field of INSTITUTION's activities are complied with and satisfactorily met. The mere participation in the performance of services under this Agreement shall not constitute nor be construed as employment with QHS and shall not entitle INSTITUTION or INSTITUTION's employees, agents, or subcontractors to vacation, sick leave, retirement, or other benefits afforded to QHS employees. INSTITUTION shall be responsible for payment of applicable payroll, social security, and any other federal, state, or county taxes and fees for its employees.

VI. INSURANCE.

INSTITUTION and, if applicable INSTITUTION's subcontractors, shall obtain and maintain insurance coverage including, but not limited to the types and in the amounts described below and otherwise satisfactory to QHS:

A. **Commercial General Liability Insurance**. Commercial general liability with a limit of not less than One Million Dollars ($1,000,000.00), each occurrence. If such insurance contains a general aggregate limit, it shall apply separately to this Agreement or be no less than two times the occurrence limit. Such insurance shall:

1. Include QHS, its affiliates, officers, employees, and agents as additional insureds with respect to performance of services. The coverage shall contain no special limitations on the scope of its protection afforded to the above insureds.

2. Be primary with respect to any insurance or self-insurance programs covering QHS, its affiliates, officers, employees, and agents.

B. **Workers' Compensation and Employers' Liability Insurance**. Workers' compensation insurance with statutory limits, and employers' liability insurance (including applicable umbrella or excess coverage) with limits of not less than Five Hundred Thousand Dollars ($500,000.00), each accident.

C. **Professional Liability Insurance**. Professional liability (errors and omissions liability) insurance with a limit of not less than One Million Dollars ($1,000,000.00) each claim and Three Million Dollars ($3,000,000.00), in the aggregate for students and faculty members. If the Professional Liability coverage specified above are on a "claims made" rather than "occurrence" basis, then, upon expiration or termination of this Agreement, INSTITUTION shall either obtain extended reporting insurance coverage ("tail" coverage) in amounts and in a form acceptable to QHS, or provide other indicia of availability of coverage for such claims to the satisfaction and express written agreement of QHS in its sole discretion, which shall not be unreasonably withheld.

D. INSTITUTION shall maintain such insurance from the time services under this Agreement commence until services are complete, subject to the extended reporting insurance requirements as stated in subsection C. Prior to commencement of services, INSTITUTION shall obtain and attach hereto as **EXHIBIT A**, a Certificate of Insurance that shall clearly evidence all insurance required in this Section issued by an insurance company or indemnity company licensed to do business in the State of Hawaii. The insurance policy shall not be canceled or reduced unless the INSTITUTION has first given to QHS thirty (30) days written notice of the intended cancellation or reduction. INSTITUTION shall provide certified copies of endorsements and policies, if requested by QHS, in lieu of or in addition to certificates of insurance. INSTITUTION shall replace certificates, policies, and endorsements for any such insurance expiring prior to completion of services under this Agreement.

VII. INDEMNIFICATION.

Unless otherwise set for in this Agreement, INSTITUTION shall indemnify, defend (by counsel satisfactory to QHS), and hold harmless QHS and its parent company, affiliates, subsidiaries, officers, trustees, directors, employees, and agents, from and against any and all alleged claims, lawsuits, judgments liens, loss, causes of action, or demands including, but not limited to claims for or involving personal injury, wrongful death, property damage, and/or any other type of loss, including costs or expenses, and attorneys' fees (including all court and litigation-related costs and attorneys' fees) allegedly arising out of or resulting from, directly or indirectly, any acts and/or omissions of INSTITUTION or its students, including services rendered, provided by, or supposed to have been provided by INSTITUTION or INSTITUTION's officers, employees, agents, subcontractors, or students, pursuant to this Agreement.

VIII. SUBCONTRACTS AND ASSIGNMENTS.

The parties shall not subcontract or assign any part or all of the services to be performed under this Agreement without the prior written consent and approval of the other party.

IX. CONFLICTS OF INTEREST.

The parties represent that they presently have no interest and promise that they shall not acquire any interest, direct or indirect, that would conflict in any manner or degree with the performance of its duties and responsibilities under this Agreement.

X. PROHIBITED DISCRIMINATION.

The parties shall comply with all applicable federal and state laws prohibiting discrimination against any person including, but not limited to discrimination on the grounds of race, color, national origin, religion, sex, sexual orientation, age, or physical handicap in employment or any condition of employment or in participation in the benefits under this Agreement.

XI. COMPLIANCE WITH ALL LAWS.

The parties shall observe and comply with all laws, ordinances, rules, and regulations of the federal, state, municipal, or county governments, now in force or which may hereinafter be in force. Furthermore, INSTITUTION shall observe and comply with the bylaws, rules, and regulations of the medical staff and the rules and regulations of QHS, and any applicable accreditation institutions.

XII. CORPORATE COMPLIANCE.

The parties represent and warrant to each other that neither party nor any of its respective officers, directors, managing employees, or any individual with a direct or indirect ownership or controlling interest of at least 5% of the party (i) has been convicted of any criminal offense related to the delivery of

an item or service under any governmental health care program; (ii) had a civil monetary penalty assessed against it pursuant to 42 U.S.C., 1320a-7a or 42 U.S.C. 1320a-8; or (iii) has been excluded from participation in any government health care program. It shall be the responsibility of each party to notify the other in writing of any changes in its status relative to the foregoing conditions. Notwithstanding any agreement to the contrary, each party reserves the right to terminate its agreement immediately by providing written notice to the other party, based upon a determination in the party's reasonable discretion that the other party has (i) materially failed to comply with federal or state legal requirements applicable to the party; or (ii) been convicted, sanctioned, or excluded in the manner described above.

XIII. NEITHER PARTY DEEMED DRAFTER.

All provisions of this Agreement have been negotiated by QHS and INSTITUTION at arm's length and with full opportunity of representation by legal counsel and neither party shall be deemed to be the drafter of this Agreement. If this Agreement is ever construed by an arbitrator or judge, such arbitrator or judge shall not construe this Agreement or any provision of this Agreement against either party as the drafter of this Agreement.

XIV. COMPLETE AGREEMENT.

This Agreement shall constitute the entire Agreement between the parties and the parties have made no agreement or promise to do or omit to do any act or thing not mentioned in this Agreement. The terms of this Agreement are contractual and not a mere recital.

XV. MODIFICATION OF AGREEMENT.

Any modification, alteration, or change to this Agreement, including modification of the services to be performed or extension of time of performance, shall be made only by written supplemental agreements executed by the parties.

XVI. WAIVER OF VIOLATIONS.

It is expressly understood and agreed that no waiver granted by one party on account of any violation of any promise, term, or condition of this Agreement by the other party shall constitute or be construed in any manner as a waiver of the promise, term, or condition nor the right to enforce the same as to any other or further violation.

XVII. TERMINATION OF AGREEMENT.

If, for any reason, INSTITUTION fails to satisfactorily fulfill in a timely or proper manner INSTITUTION's obligations under this Agreement or breaches any of the promises, terms, or conditions of this Agreement, and having been given reasonable notice of the opportunity to cure any such default and not having taken satisfactory corrective action within the time specified by QHS, QHS shall have the right to terminate this Agreement by giving written notice to INSTITUTION of such termination at least seven (7) calendar days before the effective date of such termination. Without cause, either party to this Agreement shall have the right to terminate this Agreement by giving written notice to the other party of such termination at least thirty (30) calendar days before the effective date of such termination.

XVIII. GOVERNING LAW.

This Agreement, and any of its terms or provisions, as well as the rights and duties of the parties to this Agreement, shall be interpreted and construed according to, and governed by, the laws of the State of Hawaii. Any action at law or in equity to enforce or interpret the provisions of this Agreement shall be brought in a state court of competent jurisdiction in Honolulu, Hawaii.

Contract No. 1388720
Account No. 10100.2230130

XIX. WARRANT OF AUTHORITY.

Each individual executing this Agreement on behalf of any party expressly represents and warrants that he/she has authority to do so, and thereby to bind the party on behalf of which he/she signs, to the terms of this Agreement.

XX. EXECUTION.

The parties acknowledge that this Agreement may be executed by the exchange of faxed copies, certified electronic signatures, or copies delivered by e-mail, in Adobe PDF Format or similar format, and any signature transmitted by such means for the purpose of executing this Agreement shall be deemed an original signature for purposes of this Agreement. This Agreement may be executed in two or more counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute one and the same instrument.

IN WITNESS WHEREOF, the authorized parties have duly executed this Agreement as of the day and year as first above written.

THE QUEEN'S HEALTH SYSTEMS

____

Vice President

____

Tim Panks
Treasurer

DSDT COLLEGE, INC.

Signed by:
8EA2A13246DDE463...

By: Racquel Williams
Its: CFO

____

CSA: VP Approval

Reviewed by:

____

Contract Services Dept.

EXHIBIT A
Certificate of Insurance
(INSTITUTION to attach hereto)

Certificate Of Completion

Envelope Id: D28D430F-7128-8CA3-82BC-E7F8960CD6DC
Status: Sent
Subject: Please DocuSign: DSDT College 1388720 QHS MRI Program Affiliation Agreement
Source Envelope:
Document Pages: 8
Signatures: 1
Certificate Pages: 5
Initials: 0
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-10:00) Hawaii

Envelope Originator:
Remetta Lloyd
1301 Punchbowl St
Honolulu, HI 96813
rlloyd@queens.org
IP Address: 52.2.245.131

Record Tracking

Status: Original
6/25/2026 11:43:40 AM
Holder: Remetta Lloyd
rlloyd@queens.org
Location: DocuSign

Signer Events	Signature	Timestamp
Racquel Williams Racquel.williams@dsdt.edu CFO Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 6/25/2026 11:53:29 AM ID: 48d017f5-87dc-44d3-9c34-dbe05f617d7e	Signed by: 8EA2A32462DE4C2... Signature Adoption: Drawn on Device Using IP Address: 96.78.244.105 Signed using mobile	Sent: 6/25/2026 11:51:08 AM Viewed: 6/25/2026 11:53:29 AM Signed: 6/25/2026 11:54:10 AM
Heather Ryland hryland@queens.org Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 6/24/2026 8:31:05 AM ID: f34c3903-23dc-458c-8f57-ef930e1e74de		Sent: 6/25/2026 11:54:11 AM
Joanne Okino jokino@queens.org Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign		
Whitney M. Limm, M.D. wlimm@queens.org Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign		
Tim Panks tpanks@queens.org Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	**Status**	**Timestamp**
Certified Delivery Events	**Status**	**Timestamp**
Carbon Copy Events	**Status**	**Timestamp**
Witness Events	**Signature**	**Timestamp**
Notary Events	**Signature**	**Timestamp**
Envelope Summary Events	**Status**	**Timestamps**
Envelope Sent	Hashed/Encrypted	6/25/2026 11:51:09 AM
Payment Events	**Status**	**Timestamps**
Electronic Record and Signature Disclosure		

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, The Queen's Medical Center (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact The Queen's Medical Center:
You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: dinouye@queens.org

To advise The Queen's Medical Center of your new e-mail address
To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at dinouye@queens.org and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..
In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

To request paper copies from The Queen's Medical Center
To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to dinouye@queens.org and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with The Queen's Medical Center
To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
ii. send us an e-mail to dinouye@queens.org and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	•Allow per session cookies •Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically
To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.
By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and

- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and

- Until or unless I notify The Queen's Medical Center as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by The Queen's Medical Center during the course of my relationship with you.