

**PROCEDURE IN FURTHERANCE OF FAIR COMPETITION
IN CONTRACT NEGOTIATIONS**

I warrant that I have authority to represent and engage in Medi-Cal Selective Provider Contracting Program (“SPCP”) negotiations on behalf of _____
_____, its employees, directors, officers, partners, agents, representatives, consultants, contractors, physicians, or other related individuals who have a need to know its SPCP negotiations (collectively referred to as “Hospital”).

In accordance with California Code of Regulations, title 22, section 100531, subdivision (a)(1), I certify that no individual participating in the SPCP negotiations on behalf of the Hospital is also representing, providing consultation to, negotiating on behalf of, or otherwise participating in SPCP negotiations for any competing hospital, as defined in California Code of Regulations, title 22, section 100531, subdivision (b)(1).

I declare under penalty of perjury that neither the Hospital nor I will collaborate, discuss, disclose, publish, utilize, exploit, distribute, or use or cause to be used for any other purpose, the SPCP negotiation information or any related information, whether oral or written, that is developed or received by the State, the Hospital, or me, except with any Hospital related individual who is bound by this declaration and participating in the SPCP negotiations on behalf of the Hospital. (Cal. Code Regs., tit. 22, § 100531, subd. (a)(2).

I warrant that I have full and binding authority to make the declarations and certifications contained herein on behalf of the Hospital. This declaration is made under the penalty of perjury.

DATE

SIGNATURE

PRINT NAME

TITLE