Hospital Vendor Contract Summary Sheet

1. ☐ **Existing Vendor** ☒ **New Vendor**

2. **Name of Contract:** MOU

3. **Contract Parties:**
   - Safe Haven and Mangum Regional Medical Center

4. **Contract Type Services:**
   a. **Impacted Hospital Departments:** Patient Care

5. **Contract Summary:** MOU states that Safe Haven will have an advocate available 24 hours a day, 365 days a year. The advocate will provide clothing and toiletries as needed. The advocate will provide transportation as needed. The hospital will share information freely with Safe Haven if the patient agrees. The hospital will never disclose the location of Safe Haven.

6. **Cost:** $0.00 per month

7. **Prior Cost:** $0.00 per month

8. **Term:** 1 year
   a. **Termination Clause:** May terminate at any time with two weeks written notice.

9. **Other: None.**