Contract Review Questionnaire

When submitting a contract for review, please provide us with the following key information:

Are you working towards a particular deadline? If so, what is it? _____

Please explain what the contract is for and the purpose behind it. Sometimes a bigger picture context is required to understand proposed risk allocation.

_____

_____

	Yes	No
Is this contract subject to or part of another (Master) agreement or set of agreements? (e.g., sublease and head lease) *If so please provide them, as we need to review those as well.*		
Is this considered the final form of the agreement?		

Does the Agreement include any of the following clauses:

	Yes	No	Section/ Article #	If you think these clauses are reasonable, please provide your comments below or track within the agreement:
Indemnity				
Insurance provisions for HA[1] and other Party[2]				[1]Are they evidenced by the Memorandum of Coverage? [2]Do they align with the HCPP insurance risk matrix?
Limitation of Liability				

Additional Information	Yes	No	N/A
Will confidential info., including patient info., be shared with and or stored by the other Party? If so, has the HA Privacy Team reviewed?			
For Research or Clinical Trial Agreements: Are Investigators HA Employees?			
Is the other party providing professional services? (clinical training, nursing, software design, advertising etc.)			