RIALTO CONNECT SUBSCRIPTION ORDER FORM

Order Form No.: _____

Effective Date: _____

Provider: RIALTOINSIGHTS, INC.

Customer: _____

SECTION I - SUBSCRIPTION

Provider grants Customer a non-exclusive, non-transferable subscription to access and use the hosted Rialto Connect platform and related services during the Subscription Term.

SECTION II - SUBSCRIPTION TERM

Initial Term: Twelve (12) months beginning on the Effective Date.

This Order Form will expire at the end of the Initial Term unless the parties execute a written renewal or new order form.

SECTION III – SERVICES INCLUDED

• Hosted patient portal access

• Secure patient messaging (if enabled)

• Patient registration and account management

• Document sharing

• Appointment functionality (if applicable)

• Standard software updates and maintenance

• Standard customer support

SECTION IV – AUTHORIZED USERS

Customer may permit its employees, providers, contractors, and authorized personnel to use Rialto Connect for internal business purposes.

SECTION V - FEES

Annual Subscription Fee: $ 0

SECTION VI – PAYMENT TERMS

Invoices are due within thirty (30) days after the invoice date.

SECTION VII - CUSTOMER RESPONSIBLIITIES

Customer is responsible for user account management, required patient consents, HIPAA compliance, and the accuracy of Customer Data.

SECTION VIII - HIPAA

If Provider handles PHI on Customer's behalf, the parties shall execute a Business Associate Agreement (BAA).

SECTION IX – SECURITY

Provider will maintain commercially reasonable administrative, technical, and physical safeguards to protect Customer Data.

SECTION X – EARLY TERMINATION

Customer's payment obligations for the Initial Term are non-cancelable except as provided in the MSA. Either party may terminate for material breach in accordance with the MSA.

SECTION XI - AUTHORITY

The undersigned represents and warrants they are a duly authorized officer, member, partner, owner or other authorized representative of the Customer and have full authority to execute and deliver this Agreement on its behalf.

Accepted and Agreed:

CUSTOMER: _____	RIALTOINSIGHTS, INC.
BY:_____	BY: _____
Print Name _____	ROBERT MYERS, CEO
Title _____	336 North 26th Street Camp Hill, PA 17011
Address: _____ _____	
DATE:_____	DATE:_____