



PRAIRIE ST. JOHN'S™

### Diagnostic Predictive Scales Participation Agreement

Date \_\_\_\_\_

Dear \_\_\_\_\_,

Please find attached to this letter a copy of the Sub-license Terms that will enable \_\_\_\_\_ (the "Sub-licensee") to use the Diagnostic Predictive Scales (DPS). This, letter, together with the attached Sub-license Terms, which are incorporated herein, make up the Sub-license Agreement governing the Sub-licensee's use of the Diagnostic Predictive Scales (DPS). Please read it carefully since there are a number of important points of which we would like you to be aware.

This sub-license allows you to use \_\_\_\_\_ (XX) installations of the Diagnostic Predictive Scales (DPS).

This sub-license allows for the use of the Diagnostic Predictive Scales (DPS) to be used for evaluation purposes in a professional setting.

The sub-license is granted on the condition that diagnostic or symptomatic information obtained using the Diagnostic Predictive Scales (DPS) will not be used as the sole basis for management decisions. The Diagnostic Predictive Scales (DPS) can be used as a supplement to, but not as a replacement for, the clinical evaluation of a child or adolescent with a suspected psychiatric problem by qualified personnel.

The routine use of the Diagnostic Predictive Scales (DPS) in a clinical setting (i.e. one to which children have been sent because of behavioral or emotional concerns) should be subject to guidelines decided by an appropriately qualified clinician. In other settings, the Diagnostic Predictive Scales (DPS) can be used to screen children for possible psychiatric disorders, with the understanding that results from the Diagnostic Predictive Scales (DPS) are useful as a guide, rather than as a definitive diagnosis.

Prairie St. John's and the authors of the Diagnostic Predictive Scales (DPS) will accept no responsibility for any adverse consequences of using the Diagnostic Predictive Scales (DPS).

You will be eligible for technical support and product upgrades until July 1, 2009.

If you have any questions about this letter or the attached sub-license terms please contact Prairie St. John's at (651) 259-9700. If your Institution agrees to the terms and conditions of the sub-license agreement then please sign this letter and return it to us by mail to Prairie St. John's; 7616 Currell Blvd Ste 100; Woodbury, MN 55125; or FAX at (651) 259-9790.

Yours sincerely,

Stephen Setterberg, MD  
*Physician Executive*

I am the authorized representative of \_\_\_\_\_, which hereby agrees to be bound by the terms of this sub-license agreement, including the Sub-license Terms, which are attached and incorporated in this letter by this reference. In addition, I guarantee that installations of the programs will be made and used only by professionals trained in its use.

Signed By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_