

COUNTY OF SISKIYOU
CONTRACT FOR SERVICES
FOR BOARD OF SUPERVISORS SIGNATURE

This Contract is entered into on the date when it has been both approved by the Board and signed by all other parties to it.

COUNTY: Siskiyou County Health and Human Services Agency
Behavioral Health Division
2060 Campus Drive
Yreka, CA 96097
(530) 841-4100 Phone
(530) 841-2790 Fax

And

CONTRACTOR: Steven M. Star, PA
116 North 3rd Street
Talent, OR 97540
(541) 897-4169 Phone
Pastar1951@gmail.com

ARTICLE 1. TERM OF CONTRACT

1.01 Contract Term: This Contract shall become effective on July 1, 2022 and shall terminate on June 30, 2023, unless terminated in accordance with the provisions of Article 7 of this Contract or as otherwise provided herein.

ARTICLE 2. INDEPENDENT CONTRACTOR STATUS

2.01 Independent Contractor: It is the express intention of the parties that Contractor is an independent contractor and not an employee, agent, joint venture or partner of County. Nothing in this Contract shall be interpreted or construed as creating or establishing the relationship of employer and employee between County and Contractor or any employee or agent of Contractor. Both parties acknowledge that Contractor is not an employee for state or federal tax purposes. Contractor shall retain the right to perform services for others during the term of this Contract.

ARTICLE 3. SERVICES

3.01 Scope of Services: Contractor agrees to furnish the following services: Contractor shall provide the services described in Exhibit "A" attached hereto.

No additional services shall be performed by Contractor unless approved in advance in writing by the County stating the dollar value of the services, the method of payment, and any adjustment in contract time or other contract terms. All such services are to be coordinated with County and the results of the work

shall be monitored by the Health and Human Services Agency Director or his or her designee.

To the extent that Exhibit A contains terms in conflict with this Contract or to the extent that it seeks to supplement a provision regarding a subject already fully addressed in this Contract, including a clause similar to this seeking to render its language superior to conflicting language in this Contract, such language is hereby expressly deemed null and void by all parties upon execution of this Contract.

3.02 Method of Performing Services: Contractor will determine the method, details, and means of performing the above-described services including measures to protect the safety of the traveling public and Contractor's employees. County shall not have the right to, and shall not, control the manner or determine the method of accomplishing Contractor's services.

3.03 Employment of Assistants: Contractor may, at the Contractor's own expense, employ such assistants as Contractor deems necessary to perform the services required of Contractor by this Contract. County may not control, direct, or supervise Contractor's assistants or employees in the performance of those services.

ARTICLE 4. COMPENSATION

4.01 Compensation: In consideration for the services to be performed by Contractor, County agrees to pay Contractor in proportion to services satisfactorily performed as specified in Exhibit "A". Payment shall not exceed amount appropriated by the Board of Supervisors for such services for the fiscal year.

4.02 Invoices: Contractor shall submit original detailed invoices for all services being rendered.

4.03 Date for Payment of Compensation: County shall pay within 10 days of receipt of invoices from the Contractor to the County, and approval and acceptance of the work by the County.

4.04 Expenses: Contractor shall be responsible for all costs and expenses incident to the performance of services for County, including but not limited to, all costs of materials, equipment, all fees, fines, licenses, bonds or taxes required of or imposed against Contractor and all other of Contractor's costs of doing business. County shall not be responsible for any expense incurred by Contractor in performing services for County.

ARTICLE 5. OBLIGATIONS OF CONTRACTOR

5.01 Contractor Qualifications: Contractor warrants that Contractor has the necessary licenses, experience and technical skills to provide services under this Contract.

- 5.02** Contract Management: Contractor shall report to the Health and Human Services Agency Director or his or her designee who will review the activities and performance of the Contractor and administer this Contract.
- 5.03** Tools and Instrumentalities: Contractor will supply all tools and instrumentalities required to perform the services under this Contract. Contractor is not required to purchase or rent any tools, equipment or services from County.
- 5.04** Workers' Compensation: Contractor shall maintain a workers' compensation plan covering all its employees as required by California Labor Code Section 3700, either through workers' compensation insurance issued by an insurance company or through a plan of self-insurance certified by the State Director of Industrial Relations. If Contractor elects to be self-insured, the certificate of insurance otherwise required by this Contract shall be replaced with a consent to self-insure issued by the State Director of Industrial Relations. Proof of such insurance shall be provided before any work is commenced under this contract. No payment shall be made unless such proof of insurance is provided.
- 5.05** Indemnification: Contractor shall indemnify and hold County harmless against any and all liability imposed or claimed, including attorney's fees and other legal expenses, arising directly or indirectly from any act or failure of Contractor or Contractor's assistants, employees or agents, including all claims relating to the injury or death of any person or damage to any property. Contractor agrees to maintain a policy of liability insurance in the minimum amount of (\$1,000,000) One Million Dollars, to cover such claims or in an amount determined appropriate by the County Risk Manager. If the amount of insurance is reduced by the County Risk Manager such reduction must be in writing. Contractor shall furnish a certificate of insurance evidencing such insurance and naming the County as an additional insured for the above-cited liability coverage prior to commencing work. It is understood that the duty of Contractor to indemnify and hold harmless includes the duty to defend as set forth in Section 2778 of the California Civil Code. Acceptance by County of insurance certificates and endorsements required under this Contract does not relieve Contractor from liability or limit Contractor's liability under this indemnification and hold harmless clause. This indemnification and hold harmless clause shall apply to any damages or claims for damages whether or not such insurance policies shall have been determined to apply. By execution of this Contract, Contractor acknowledges and agrees to the provisions of this Section and that it is a material element of consideration.
- 5.06** General Liability and Automobile Insurance: During the term of this Contract, Contractor shall obtain and keep in full force and effect a commercial, general liability and automobile policy or policies of at least (\$1,000,000) One Million Dollars, combined limit for bodily injury and property damage; the County, its officers, employees, volunteers and agents are to be named additional insured under the policies, and the policies shall stipulate that this insurance will operate as primary insurance for work performed by Contractor and its sub-contractors, and that no other insurance effected by County or other named insured will be called on to cover a loss covered thereunder. All insurance required herein shall

be provided by a company authorized to do business in the State of California and possess at least a Best A:VII rating or as may otherwise be acceptable to County. The General Liability insurance shall be provided by an ISO Commercial General Liability policy, with edition dates of 1985, 1988, or 1990 or other form satisfactory to County. The County will be named as an additional insured using ISO form CG 2010 1185 or the same form with an edition date no later than 1990, or in other form satisfactory to County.

- 5.07** Certificate of Insurance and Endorsements: Contractor shall obtain and file with the County prior to engaging in any operation or activity set forth in this Contract, certificates of insurance evidencing additional insured coverage as set forth in paragraphs 5.04 and 5.10 and which shall provide that no cancellation, reduction in coverage or expiration by the insurance company will be made during the term of this Contract, without thirty (30) days written notice to County prior to the effective date of such cancellation. **Naming the County as a “Certificate Holder” or other similar language is NOT sufficient satisfaction of the requirement.** Prior to commencement of performance of services by Contractor and prior to any obligations of County, contractor shall file certificates of insurance with County showing that Contractor has in effect the insurance required by this Contract. Contractor shall file a new or amended certificate on the certificate then on file. **If changes are made during the term of this Contract, no work shall be performed under this agreement, and no payment may be made until such certificate of insurance evidencing the coverage in paragraphs, 5.05, the general liability policy set forth in 5.06 and 5.10 are provided to County.**
- 5.08** Public Employees Retirement System (CalPERS): In the event that Contractor or any employee, agent, or subcontractor of Contractor providing services under this Contract is determined by a court of competent jurisdiction or the Public Employees Retirement System (CalPERS) to be eligible for enrollment in CalPERS as an employee of the County, Contractor shall indemnify, defend, and hold harmless County for the payment of any employee and/or employer contributions of CalPERS benefits on behalf of Contractor or its employees, agents, or subcontractors, as well as for the payment of any penalties and interest on such contributions, which would otherwise be the responsibility of County. Contractor understands and agrees that his personnel are not, and will not be, eligible for memberships in, or any benefits from, any County group plan for hospital, surgical or medical insurance, or for membership in any County retirement program, or for paid vacation, paid sick leave, or other leave, with or without pay, or for any other benefit which accrues to a County employee.
- 5.09** IRS/FTB Indemnity Assignment: Contractor shall defend, indemnify, and hold harmless the County, its officers, agents, and employees, from and against any adverse determination made by the Internal Revenue Service of the State Franchise Tax Board with respect to Contractor’s “independent contractor” status that would establish a liability for failure to make social security and income tax withholding payments.

- 5.10** Professional Liability: If Contractor or any of its officers, agents, employees, volunteers, contactors or subcontractors are required to be professionally licensed or certified by any agency of the State of California in order to perform any of the work or services identified herein, Contractor shall procure and maintain in force throughout the duration of the Contract a professional liability insurance policy with a minimum coverage level of (\$1,000,000) One Million Dollars, or as determined in writing by County's Risk Management Department.
- 5.11** State and Federal Taxes: As Contractor is not County's employee, Contractor is responsible for paying all required state and federal taxes. In particular:
- a. County will not withhold FICA (Social Security) from Contractor's payments;
 - b. County will not make state or federal unemployment insurance contributions on behalf of Contractor.
 - c. County will not withhold state or federal income tax from payment to Contractor.
 - d. County will not make disability insurance contributions on behalf of Contractor.
 - e. County will not obtain workers' compensation insurance on behalf of Contractor.
- 5.12** Records: All reports and other materials collected or produced by the Contractor or any subcontractor of Contractor shall, after completion and acceptance of the Contract, become the property of County, and shall not be subject to any copyright claimed by the Contractor, subcontractor, or their agents or employees. Contractor may retain copies of all such materials exclusively for administration purposes. Any use of completed or uncompleted documents for other projects by Contractor, any subcontractor, or any of their agents or employees, without the prior written consent of County is prohibited. It is further understood and agreed that all plans, studies, specifications, data magnetically or otherwise recorded on computer or computer diskettes, records, files, reports, etc., in possession of the Contractor relating to the matters covered by this Contract shall be the property of the County, and Contractor hereby agrees to deliver the same to the County upon request. It is also understood and agreed that the documents and other materials including but not limited to those set forth hereinabove, prepared pursuant to this Contract are prepared specifically for the County and are not necessarily suitable for any future or other use.
- 5.13** Contractor's Books and Records: Contractor shall maintain any and all ledgers, books of account, invoices, vouchers, canceled checks, and other records or documents evidencing or relating to charges for services or expenditures and disbursements charged to the County for a minimum of five (5) years, or for any longer period required by law, from the date of final payment to the Contractor under this Contract. Any records or documents required to be maintained shall be made available for inspection, audit and/or copying at any time during regular business hours, upon oral or written request of the County.

- 5.14** Assignability of Contract: It is understood and agreed that this Contract contemplates personal performance by the Contractor and is based upon a determination of its unique personal competence and experience and upon its specialized personal knowledge. Assignments of any or all rights, duties or obligations of the Contractor under this Contract will be permitted only with the express written consent of the County.
- 5.15** Warranty of Contractor: Contractor warrants that it, and each of its personnel, where necessary, are properly certified and licensed under the laws and regulations of the State of California to provide the special services agreed to.
- 5.16** Withholding for Non-Resident Contractor: Pursuant to California Revenue and Taxation Code Section 18662, payments made to nonresident independent contractors, including corporations and partnerships that do not have a permanent place of business in this state, are subject to 7 percent state income tax withholding.

Withholding is required if the total yearly payments made under this contract exceed \$1,500.00.

Unless the Franchise Tax Board has authorized a reduced rate or waiver of withholding and County is provided evidence of such reduction/waiver, all nonresident contractors will be subject to the withholding. It is the responsibility of the Contractor to submit the Waiver Request (Form 588) to the Franchise Tax Board as soon as possible in order to allow time for the Franchise Tax Board to review the request.

- 5.17** Compliance with Child, Family and Spousal Support Reporting Obligations: Contractor's failure to comply with state and federal child, family and spousal support reporting requirements regarding contractor's employees or failure to implement lawfully served wage and earnings assignment orders or notices of assignment relating to child, family and spousal support obligations shall constitute a default under this Contract. Contractor's failure to cure such default within ninety (90) days of notice by County shall be grounds for termination of this Contract.
- 5.18** Conflict of Interest: Contractor covenants that it presently has no interest and shall not acquire an interest, direct or indirect, financial or otherwise, which would conflict in any manner or degree with the performance of the services hereunder. Contractor further covenants that, in the performance of this Contract, no subcontractor or person having such an interest shall be used or employed. Contractor certifies that no one who has or will have any financial interest under this contract is an officer or employee of County.
- 5.19** Compliance with Applicable Laws: Contractor shall comply with all applicable federal, state and local laws now or hereafter in force, and with any applicable regulations, in performing the work and providing the services specified in this Contract. This obligation includes, without limitations, the acquisition and

maintenance of any permits, licenses, or other entitlements necessary to perform the duties imposed expressly or impliedly under this Contract.

5.20 Bankruptcy: Contractor shall immediately notify County in the event that Contractor ceases conducting business in the normal manner, becomes insolvent, makes a general assignment for the benefit of creditors, suffer or permits the appointment of a receiver for its business or assets, or avails itself of, or becomes subject to, any proceeding under the Federal Bankruptcy Act or any other statute of any state relating to insolvency or protection of the rights of creditors.

5.21 Health Insurance Portability and Accountability Act (HIPAA): Contractor agrees to the terms and conditions set forth in the "Business Associates Agreement" attached hereto as Exhibit "C" and those terms and conditions are hereby incorporated into the Contract by reference. Additionally, Contractor shall comply with, and assist SCHHSA in complying with, the privacy and security requirements of the Health Insurance Portability and Accountability Act (HIPAA), as follows.

A. Use or Disclosure of Protected Health Information: Contractor may use or disclose protected health information (PHI) to perform its obligations under the Contract, provided that such use or disclosure does not violate this Agreement, is not prohibited by the Health Insurance Portability and Accountability Act (HIPAA) including, but not limited to, the provisions of Title 42, United States Code, Section 1320d et seq. and Title 45, Code of Federal Regulations (C.F.R.), Parts 142, 160, 162 and 164, or does not exceed the scope of how County could use or disclose the information.

Contractor shall not use, disclose or allow the disclosure of PHI except as permitted herein or as required or authorized by law. Contractor shall implement appropriate safeguards to prevent use or disclosure of PHI other than as provided herein. At the request of and in the time and manner designated by County, Contractor shall provide access to PHI in a designated record set as required by 45 C.F.R. Section 164.524. Contractor shall report to County any use or disclosure of PHI not provided for herein or HIPAA regulations.

If Contractor provides PHI to a third party, including officers, agents, employees, volunteers, contractors and subcontractors, pursuant to the terms of the Contract, Contractor shall ensure that the third party complies with all HIPAA regulations and the terms set forth herein.

B. Documentation and Accounting of Uses and Disclosures: Contractor shall document any disclosures of PHI in a manner that would allow County to respond to a request for an accounting of disclosures of PHI in accordance with 45 C.F.R. Section 164.528. Contractor shall provide County, in a time and manner designated by County, all information necessary to respond to a request for an accounting of disclosures of PHI.

- C. Amendments to Designated Record Sets:** In accordance with 45 C.F.R. Section 164.526, Contractor agrees to amend PHI in its possession as requested by an individual or as directed by County, in a time and manner designated by County.
 - D. Access to Records:** Contractor shall make available to County or the Secretary of the United States Department of Health and Human Services (HHS), in the time and manner designated by County or HHS, any records related to the use, disclosure and privacy protections of PHI for the purpose of investigating or auditing County's compliance with HIPAA regulations.
 - E. Termination of Agreement:** Upon County's knowledge of a material breach of these provisions or HIPAA regulations, County shall, at its option, either provide Contractor with an opportunity to cure the breach or immediately terminate this Contract. If Contractor is given an opportunity to cure the breach but fails to do so within the time specified by County, County may terminate the Contract without further notice.
 - F. Destruction of PHI:** Upon termination of this Contract, Contractor shall return to County all PHI required to be retained and return or destroy all other PHI to comply with HIPAA regulations. This provision shall apply to PHI in the possession of Contractor's officers, agents, employees, volunteers, contractors and subcontractors who shall retain no copies of the PHI. If Contractor determines that returning or destroying the PHI is not feasible, Contractor shall provide County with notice specifying the conditions that make return or destruction not feasible. If County agrees that return of the PHI is not feasible, Contractor shall continue to extend the protections of this provision to the PHI for so long as Contractor or its officers, agents, employees, volunteers, contractors or subcontractors maintain such PHI.
- 5.22 Nondiscrimination:** Contractor agrees to the terms and conditions set forth in the "Nondiscrimination in State and Federally-Assisted Programs" addendum, attached hereto as Exhibit "B" and those terms and conditions are hereby incorporated into the Contract by reference.
- 5.23 Grievance Procedure:** If Contractor is required by ordinance, regulation, policy, the California Department of Social Services, County or other authority to have a procedure for filing and considering grievances, Contractor shall provide County with a copy of Contractor's grievance procedure prior to providing services under this Contract.
- 5.24 Child Abuse and Neglect Reporting:** Contractor shall comply with all state and federal laws pertaining to the reporting of child abuse and/or neglect. Contractor's officers, employees, agents and volunteers shall report all known or suspected instances of child abuse and/or neglect to the Child Protective Services agency or other agency as required by Penal Code Section 11164 et seq.

- 5.25** Confidentiality: All information and records obtained in the course of providing services under this Agreement shall be confidential pursuant to Section 5328 of the Welfare and Institutions Code in accordance with applicable State and Federal law.
- 5.26** Patients' Rights: Contractor shall give the patients notice of their rights pursuant to and in compliance with: California Welfare and Institutions Code Section 5323; California Administrative Code, Title 9, Chapter 1, Subchapter 4, Article 6. In addition, in all facilities providing the services described herein, the Contractor shall have prominently posted in the predominant languages of the community a list of the patient's rights.

ARTICLE 6. OBLIGATIONS OF COUNTY

- 6.01** Cooperation of County: County agrees to comply with all reasonable requests of Contractor (to provide reasonable access to documents and information as permitted by law) necessary to the performance of Contractor's duties under this Contract.

ARTICLE 7. TERMINATION

- 7.01** Termination on Occurrence of State Events: This Contract shall terminate automatically on the occurrence of any of the following events:
1. Bankruptcy or insolvency of Contractor
 2. Death of Contractor
- 7.02** Termination by County for Default of Contractor: Should Contractor default in the performance of this Contract or materially breach any of its provisions, County, at County's option, may terminate this Contract by giving written notification to Contractor.
- 7.03** Termination for Convenience of County: County may terminate this Contract at any time by providing a notice in writing to Contractor that the Contract is terminated. Said Contract shall then be deemed terminated and no further work shall be performed by Contractor. If the Contract is so terminated, the Contractor shall be paid for that percentage of the phase of work actually completed, based on a pro rata portion of the compensation for said phase satisfactorily completed at the time of notice of termination is received.
- 7.04** Termination of Funding: County may terminate this Contract in any fiscal year in that it is determined there is not sufficient funding. California Constitution Article XVI Section 18.

ARTICLE 8. GENERAL PROVISIONS

- 8.01** Notices: Any notices to be given hereunder by either party to the other may be effected either by personal delivery in writing or by mail, registered or certified,

postage prepaid or return receipt requested. Mailed notices shall be addressed to the parties at the addresses appearing in the introductory paragraph of this Contract, but each party may change the address by written notice in accordance with the paragraph. Notices delivered personally will be deemed communicated as of actual receipt; mailed notices will be deemed communicated as of two (2) days after mailing.

- 8.02** Entire Agreement of the Parties: This contract supersedes any and all contracts, either oral or written, between the Parties hereto with respect to the rendering of services by Contractor for County and contains all the covenants and contracts between the parties with respect to the enduring of such services in any manner whatsoever. Each Party to this Contract acknowledges that no representations, inducements, promises, or contract, orally or otherwise, have been made by any party, or anyone acting on behalf of any Party, which are not embodied herein, and that no other contract, statement, or promise not contained in this Contract shall be valid or binding. Any modification of this Contract will be effective only if it is in writing signed by the Party to be charged and approved by the County as provided herein or as otherwise required by law.
- 8.03** Partial Invalidity: If any provision in this Contract is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provision will nevertheless continue in full force without being impaired or invalidated in any way.
- 8.04** Attorney's Fees: If any action at law or in equity, including an action for declaratory relief, is brought to enforce or interpret the provisions of this Contract, the prevailing Party will be entitled to reasonable attorney's fees, which may be set by the court in the same action or in a separate action brought for that purpose, in addition to any other relief to which that party may be entitled.
- 8.05** Conformance to Applicable Laws: Contractor shall comply with the standard of care regarding all applicable federal, state and county laws, rules and ordinances. Contractor shall not discriminate in the employment of persons who work under this contract because of race, the color, national origin, ancestry, disability, sex or religion of such person.
- 8.06** Waiver: In the event that either County or Contractor shall at any time or times waive any breach of this Contract by the other, such waiver shall not constitute a waiver of any other or succeeding breach of this Contract, whether of the same or any other covenant, condition or obligation.
- 8.07** Governing Law: This Contract and all matters relating to it shall be governed by the laws of the State of California and the County of Siskiyou and any action brought relating to this Contract shall be brought exclusively in a state court in the County of Siskiyou.
- 8.08** Reduction of Consideration: Contractor agrees that County shall have the right to deduct from any payments contracted for under this Contract any amount

owed to County by Contractor as a result of any obligation arising prior or subsequent to the execution of this contract. For purposes of this paragraph, obligations arising prior to the execution of this contract may include, but are not limited to any property tax, secured or unsecured, which tax is in arrears. If County exercises the right to reduce the consideration specified in this Contract, County shall give Contractor notice of the amount of any off-set and the reason for the deduction.

- 8.09** Negotiated Contract: This Contract has been arrived at through negotiation between the parties. Neither party is to be deemed the party which prepared this Contract within the meaning of California Civil Code Section 1654. Each party hereby represents and warrants that in executing this Contract it does so with full knowledge of the rights and duties it may have with respect to the other. Each party also represents and warrants that it has received independent legal advice from its attorney with respect to the matters set forth in this Contract and the rights and duties arising out of this Contract, or that such party willingly foregoes any such consultation.
- 8.10** Time is of the Essence: Time is of the essence in the performance of this Contract.
- 8.11** Materiality: The parties consider each and every term, covenant, and provision of this Contract to be material and reasonable.
- 8.12** Authority and Capacity: Contractor and Contractor's signatory each warrant and represent that each has full authority and capacity to enter into this Contract.
- 8.13** Binding on Successors: All of the conditions, covenants and terms herein contained shall apply to, and bind, the heirs, successors, executors, administrators and assigns of Contractor. Contractor and all of Contractor's heirs, successors, executors, administrators, and assigns shall be jointly and severally liable under the Contract.
- 8.14** Cumulation of Remedies: All of the various rights, options, elections, powers and remedies of the parties shall be construed as cumulative, and no one of them exclusive of any other or of any other legal or equitable remedy which a party might otherwise have in the event of a breach or default of any condition, covenant or term by the other party. The exercise of any single right, option, election, power or remedy shall not, in any way, impair any other right, option, election, power or remedy until all duties and obligations imposed shall have been fully performed.
- 8.15** No Reliance On Representations: Each party hereby represents and warrants that it is not relying, and has not relied upon any representation or statement made by the other party with respect to the facts involved or its rights or duties. Each party understands and agrees that the facts relevant, or believed to be relevant to this Contract, may hereunder turn out to be other than, or different from the facts now known to such party as true, or believed by such party to be

true. The parties expressly assume the risk of the facts turning out to be different and agree that this Contract shall be effective in all respects and shall not be subject to rescission by reason of any such difference in facts.

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the dates set forth below, each signatory represents that he/she has the authority to execute this agreement and to bind the Party on whose behalf his/her execution is made.

COUNTY OF SISKIYOU

Date: _____

Brandon A. Criss, CHAIR
Board of Supervisors
County of Siskiyou
State of California

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: _____
Deputy

CONTRACTOR: Steven M. Star, PA

Date: 6/7/2022

DocuSigned by:
Steven M Star

Steven M. Star, PA, Consultant

License No.: 11729
(Licensed in accordance with an act providing for the registration of contractors)

Note to Contractor: For corporations, the contract must be signed by two officers. The first signature must be that of the chairman of the board, president or vice-president; the second signature must be that of the secretary, assistant secretary, chief financial officer or assistant treasurer. (Civ. Code, Sec. 1189 & 1190 and Corps. Code, Sec. 313.)

TAXPAYER I.D. On File

ACCOUNTING:

Fund	Organization	Account
2122	401030	723015
2111	401081	723000
2134	401100	723000
2135	401130	723000

Encumbrance number (if applicable):

If not to exceed, include amount not to exceed: FY 22/23 \$0.01 (Rate)

Exhibit "A"

I. Scope of Services

1. Contractor shall provide all necessary psychiatric medication management care during hours mutually agreed upon between Director and his/her designee and Contractor and in accordance with Attachments A1 and A2. Should County and Contractor be unable to mutually agree on hours of service, this agreement shall be terminated by County immediately upon written notice to Contractor. Contractor shall consult with County staff working at Siskiyou County Health and Human Services Agency - Behavioral Health Division and Public Health Division. During sessions, time shall be scheduled for Contractor to provide medical consultation to County nursing staff including but not limited to, client / patient follow-up questions, medication side-effect issues and medication changes and refills.
2. Contractor shall provide all client services documentation in accordance with Title IX, Medi-Cal Standards and the Behavioral Health Documentation Manual.
3. Contractor will provide psychiatric services to clients ranging from adolescents (14 years old) through adulthood.
4. Contractor will complete JV 220 (A or B) (the Physician Statement) for all Court Dependent children on the same date that the service was provided.
5. Contractor is required to monitor the Controlled Substance Utilization Review and Evaluation System (CURES) on a regular basis and in accordance with licensure requirements.
6. Contractor shall not be required to provide any supervision.
7. The County shall provide a Preceptor that will review a minimum of 5% of the Contractor's charts.
8. Contractor shall provide limited emergency on-call services upon mutual agreement.
9. County shall provide Contractor with the same active County employee staff that would be allotted to a mental health provider employed by the County, including but not limited to clerical, receptionist, scheduling, nursing, records maintenance, and Information Technology.
10. Contractor must obtain and maintain a security clearance from the County Sheriff in order to provide services within the County Jail and Juvenile Hall.
11. Contractor agrees to work in both the Yreka and Mt. Shasta Office, as needed.

II. Compensation

1. Conditions for Payment – Claims for payment must be submitted within thirty (30) days after the month in which services were provided. Claim must separate and identify hours spent at Behavioral Health and the Jail/Juvenile Hall.
2. Claims for Payment - Contractor shall identify hours worked for the County by program, e.g. Behavioral Health, or Inmate Health and submit to County program managers at least monthly. The contractor shall submit an invoice, which identifies the reporting period, total number of hours, worked, rate and total amount due to contractor.
3. Payment -
 - a. County shall pay Contractor for rendering covered services at the rate of One Hundred Thirty-Five Dollars and No/100 Cents (\$135.00) per hour.
 - b. The rate paid by County to Contractor is inclusive of all expenses incurred by Contractor while providing services pursuant to this agreement. County is not obligated to pay Contractor any additional sums for any expenses incurred by Contractor during the term of this agreement.
 - c. Contractor is not expected to bill any third-party payers, including Medicare, before requesting payment from the County. Contractor shall not seek payment from any other source and, shall, at no time, seek compensation directly from County's clients.

Exhibit "B"

ASSURANCE OF COMPLIANCE WITH THE SISKIYOU COUNTY HEALTH AND HUMAN SERVICES AGENCY – BEHAVIORAL HEALTH DIVISION NONDISCRIMINATION IN STATE AND FEDERALLY – ASSISTED PROGRAMS

CONTRACTOR HEREBY AGREES THAT it will comply with the nondiscrimination provisions of this contract as further described below and referenced in the California Department of Health Care Services Specialty Mental Health Services Agreement Exhibit E, Section 3 -

1) Consistent with the requirements of applicable federal law such as 42 C.F.R. §§ 438.6(d)(3) and (4) or state law, the Contractor shall not engage in any unlawful discriminatory practices in the admission of beneficiaries, assignments of accommodations, treatment, evaluation, employment of personnel, or in any other respect on the basis of race, color, gender, religion, marital status, national origin, age, sexual preference or mental or physical handicap. The Contractor will not discriminate against beneficiaries on the basis of health status or need for health care services, pursuant to 42 C.F.R. § 438.6(d)(3).

2) The Contractor shall comply with the provisions of Section 504 of the Rehabilitation Act of 1973, as amended, pertaining to the prohibition of discrimination against qualified handicapped persons in all federally assisted programs or activities, as detailed in regulations signed by the Secretary of Health and Human Services, effective June 2, 1977, and found in the Federal Register, Volume 42, No. 86, dated May 4, 1977.

Contractor agrees this assurance is binding on the vendor/recipient directly or through contract, license, or other provider services, as long as it received federal or state assistance.

Exhibit "C"

BUSINESS ASSOCIATES AGREEMENT UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

Siskiyou County Health and Human Services Agency, Behavioral Health Division ("County") is a Covered Entity as defined by, and subject to the requirements and prohibitions of, the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA), and regulations promulgated thereunder, including the Privacy, Security, Breach Notification, and Enforcement Rules at 45 Code of Federal Regulations (C.F.R.) Parts 160 and 164 (collectively, the "HIPAA Rules").

Contractor performs or provides functions, activities or services to County that require Contractor, in order to provide such functions, activities or services, to create, access, receive, maintain, and/or transmit information that includes or that may include Protected Health Information, as defined by the HIPAA Rules. As such, Contractor is a Business Associate as defined by the HIPAA Rules, and is therefore subject to those provisions of the HIPAA Rules that are applicable to Business Associates.

The HIPAA Rules require a written agreement ("Business Associate Agreement") between County and Contractor in order to mandate certain protections for the privacy and security of Protected Health Information, and these HIPAA Rules prohibit the disclosure to or use of Protected Health Information by Contractor if such an agreement is not in place.

This Business Associate Agreement and its provisions are intended to protect the privacy and provide for the security of Protected Health Information disclosed to or used by Contractor in compliance with the HIPAA Rules.

Therefore, the parties agree as follows:

1. **DEFINITIONS**

- 1.1 "Breach" has the same meaning as the term "breach" at 45 C.F.R. § 164.402.
- 1.2 "Business Associate" has the same meaning as the term "business associate" at 45 C.F.R. § 160.103. For the convenience of the parties, a "business associate" is a person or entity, other than a member of the workforce of covered entity, who performs functions or activities on behalf of, or provides certain services to, a covered entity that involve access by the business associate to Protected Health Information. A "business associate" also is a subcontractor that creates, receives, maintains, or transmits Protected Health Information on behalf of another business associate. And in reference to the party to this Business Associate Agreement "Business Associate" shall mean Contractor.
- 1.3 "Covered Entity" has the same meaning as the term "covered entity" at 45 C.F.R. § 160.103, and in reference to the party to this Business Associate Agreement, "Covered Entity" shall mean Siskiyou County Health and Human Services Agency, Behavioral Health Division.
- 1.4 "Data Aggregation" has the same meaning as the term "data aggregation" at 45 C.F.R. § 164.501.

- 1.5 "De-identification" refers to the de-identification standard at 45 C.F.R. § 164.514.
- 1.6 "Designated Record Set" has the same meaning as the term "designated record set" at 45 C.F.R. § 164.501.
- 1.7 "Disclose" and "Disclosure" mean, with respect to Protected Health Information, the release, transfer, provision of access to, or divulging in any other manner of Protected Health Information outside Business Associate's internal operations or to other than its workforce. (See 45 C.F.R. § 160.103.)
- 1.8 "Electronic Health Record" means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. (See 42 U.S. C. § 17921.)
- 1.9 "Electronic Media" has the same meaning as the term "electronic media" at 45 C.F.R. § 160.103. For the convenience of the parties, electronic media means (1) Electronic storage material on which data is or may be recorded electronically, including, for example, devices in computers (hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk, or digital memory card; (2) Transmission media used to exchange information already in electronic storage media. Transmission media include, for example, the Internet, extranet or intranet, leased lines, dial-up lines, private networks, and the physical movement of removable/transportable electronic storage media. Certain transmissions, including of paper, via facsimile, and of voice, via telephone, are not considered to be transmissions via electronic media if the information being exchanged did not exist in electronic form immediately before the transmission.
- 1.10 "Electronic Protected Health Information" has the same meaning as the term "electronic protected health information" at 45 C.F.R. § 160.103, limited to Protected Health Information created or received by Business Associate from or on behalf of Covered Entity. For the convenience of the parties, Electronic Protected Health Information means Protected Health Information that is (i) transmitted by electronic media; (ii) maintained in electronic media.
- 1.11 "Health Care Operations" has the same meaning as the term "health care operations" at 45 C.F.R. § 164.501.
- 1.12 "Individual" has the same meaning as the term "individual" at 45 C.F.R. § 160.103. For the convenience of the parties, Individual means the person who is the subject of Protected Health Information and shall include a person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502 (g).
- 1.13 "Law Enforcement Official" has the same meaning as the term "law enforcement official" at 45 C.F.R. § 164.103.
- 1.14 "Minimum Necessary" refers to the minimum necessary standard at 45 C.F.R. § 162.502 (b).
- 1.15 "Protected Health Information" has the same meaning as the term "protected health information" at 45 C.F.R. § 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity. For the convenience of the parties, Protected Health Information includes information that (i) relates to the past,

present or future physical or mental health or condition of an Individual; the provision of health care to an Individual, or the past, present or future payment for the provision of health care to an Individual; (ii) identifies the Individual (or for which there is a reasonable basis for believing that the information can be used to identify the Individual); and (iii) is created, received, maintained, or transmitted by Business Associate from or on behalf of Covered Entity, and includes Protected Health Information that is made accessible to Business Associate by Covered Entity. "Protected Health Information" includes Electronic Protected Health Information.

- 1.16 "Required by Law" " has the same meaning as the term "required by law" at 45 C.F.R. § 164.103.
- 1.17 "Secretary" has the same meaning as the term "secretary" at 45 C.F.R. § 160.103
- 1.18 "Security Incident" has the same meaning as the term "security incident" at 45 C.F.R. § 164.304.
- 1.19 "Services" means, unless otherwise specified, those functions, activities, or services in the applicable underlying Agreement, Contract, Master Agreement, Work Order, or Purchase Order or other service arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.
- 1.20 "Subcontractor" has the same meaning as the term "subcontractor" at 45 C.F.R. § 160.103.
- 1.21 "Unsecured Protected Health Information" has the same meaning as the term "unsecured protected health information" at 45 C.F.R. § 164.402.
- 1.22 "Use" or "Uses" means, with respect to Protected Health Information, the sharing, employment, application, utilization, examination or analysis of such Information within Business Associate's internal operations. (See 45 C.F.R § 164.103.)
- 1.23 Terms used, but not otherwise defined in this Business Associate Agreement, have the same meaning as those terms in the HIPAA Rules.

2. PERMITTED AND REQUIRED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

- 2.1 Business Associate may only Use and/or Disclose Protected Health Information as necessary to perform Services, and/or as necessary to comply with the obligations of this Business Associate Agreement.
- 2.2 Business Associate may Use Protected Health Information for de-identification of the information if de-identification of the information is required to provide Services.
- 2.3 Business Associate may Use or Disclose Protected Health Information as Required by Law.
- 2.4 Business Associate shall make Uses and Disclosures and requests for Protected Health Information consistent with the Covered Entity's applicable Minimum Necessary policies and procedures.

- 2.5 Business Associate may Use Protected Health Information as necessary for the proper management and administration of its business or to carry out its legal responsibilities.
- 2.6 Business Associate may Disclose Protected Health Information as necessary for the proper management and administration of its business or to carry out its legal responsibilities, provided the Disclosure is Required by Law or Business Associate obtains reasonable assurances from the person to whom the Protected Health Information is disclosed (i.e., the recipient) that it will be held confidentially and Used or further Disclosed only as Required by Law or for the purposes for which it was disclosed to the recipient and the recipient notifies Business Associate of any instances of which it is aware in which the confidentiality of the Protected Health Information has been breached.
- 2.7 Business Associate may provide Data Aggregation services relating to Covered Entity's Health Care Operations if such Data Aggregation services are necessary in order to provide Services.

3. PROHIBITED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

- 3.1 Business Associate shall not Use or Disclose Protected Health Information other than as permitted or required by this Business Associate Agreement or as Required by Law.
- 3.2 Business Associate shall not Use or Disclose Protected Health Information in a manner that would violate Subpart E of 45 C.F.R. Part 164 if done by Covered Entity, except for the specific Uses and Disclosures set forth in Sections 2.5 and 2.6.
- 3.3 Business Associate shall not Use or Disclose Protected Health Information for de-identification of the information except as set forth in section 2.2.

4. OBLIGATIONS TO SAFEGUARD PROTECTED HEALTH INFORMATION

- 4.1 Business Associate shall implement, use, and maintain appropriate safeguards to prevent the Use or Disclosure of Protected Health Information other than as provided for by this Business Associate Agreement.
- 4.2 Business Associate shall comply with Subpart C of 45 C.F.R Part 164 with respect to Electronic Protected Health Information, to prevent the Use or Disclosure of such information other than as provided for by this Business Associate Agreement.

5. REPORTING NON-PERMITTED USES OR DISCLOSURES, SECURITY INCIDENTS, AND BREACHES OF UNSECURED PROTECTED HEALTH INFORMATION

- 5.1 Business Associate shall report to Covered Entity any Use or Disclosure of Protected Health Information not permitted by this Business Associate Agreement, any Security Incident, and/ or any Breach of Unsecured Protected Health Information as further described in Sections 5.1.1, 5.1.2, and 5.1.3.
 - 5.1.1 Business Associate shall report to Covered Entity any Use or Disclosure of Protected Health Information by Business Associate, its employees, representatives, agents or Subcontractors not provided for by this Agreement of which Business Associate becomes aware.

- 5.1.2 Business Associate shall report to Covered Entity any Security Incident of which Business Associate becomes aware.
- 5.1.3. Business Associate shall report to Covered Entity any Breach by Business Associate, its employees, representatives, agents, workforce members, or Subcontractors of Unsecured Protected Health Information that is known to Business Associate or, by exercising reasonable diligence, would have been known to Business Associate. Business Associate shall be deemed to have knowledge of a Breach of Unsecured Protected Health Information if the Breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the Breach, who is an employee, officer, or other agent of Business Associate, including a Subcontractor, as determined in accordance with the federal common law of agency.
- 5.2 Except as provided in Section 5.3, for any reporting required by Section 5.1, Business Associate shall provide, to the extent available, all information required by, and within the times frames specified in, Sections 5.2.1 and 5.2.2.
- 5.2.1 Business Associate shall make an immediate telephonic report upon discovery of the non-permitted Use or Disclosure of Protected Health Information, Security Incident or Breach of Unsecured Protected Health Information to **(562) 940-3335** that minimally includes:
- (a) A brief description of what happened, including the date of the non-permitted Use or Disclosure, Security Incident, or Breach and the date of Discovery of the non-permitted Use or Disclosure, Security Incident, or Breach, if known;
 - (b) The number of Individuals whose Protected Health Information is involved;
 - (c) A description of the specific type of Protected Health Information involved in the non-permitted Use or Disclosure, Security Incident, or Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code or other types of information were involved);
 - (d) The name and contact information for a person highly knowledgeable of the facts and circumstances of the non-permitted Use or Disclosure of PHI, Security Incident, or Breach
- 5.2.2 Business Associate shall make a written report without unreasonable delay and in no event later than three (3) business days from the date of discovery by Business Associate of the non-permitted Use or Disclosure of Protected Health Information, Security Incident, or Breach of Unsecured Protected Health Information and to the **Health and Human Services Agency Privacy Officer at: Dee Barton, Privacy Officer, Siskiyou County Health and Human Services Agency, 2060 Campus Drive, Yreka, CA 96097, dbarton1@co.siskiyou.ca.us, Phone: (530) 841-4805, Fax: (530) 841-4799**, that includes, to the extent possible:

- (a) A brief description of what happened, including the date of the non-permitted Use or Disclosure, Security Incident, or Breach and the date of Discovery of the non-permitted Use or Disclosure, Security Incident, or Breach, if known;
- (b) The number of Individuals whose Protected Health Information is involved;
- (c) A description of the specific type of Protected Health Information involved in the non-permitted Use or Disclosure, Security Incident, or Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code or other types of information were involved);
- (d) The identification of each Individual whose Unsecured Protected Health Information has been, or is reasonably believed by Business Associate to have been, accessed, acquired, Used, or Disclosed;
- (e) Any other information necessary to conduct an assessment of whether notification to the Individual(s) under 45 C.F.R. § 164.404 is required;
- (f) Any steps Business Associate believes that the Individual(s) could take to protect him or herself from potential harm from the non-permitted Use or Disclosure, Security Incident, or Breach;
- (g) A brief description of what Business Associate is doing to investigate, to mitigate harm to the Individual(s), and to protect against any further similar occurrences; and
- (h) The name and contact information for a person highly knowledgeable of the facts and circumstances of the non-permitted Use or Disclosure of PHI, Security Incident, or Breach.

5.2.3 If Business Associate is not able to provide the information specified in Section 5.2.1 or 5.2.2 at the time of the required report, Business Associate shall provide such information promptly thereafter as such information becomes available.

5.3 Business Associate may delay the notification required by Section 5.1.3, if a law enforcement official states to Business Associate that notification would impede a criminal investigation or cause damage to national security.

5.3.1 If the law enforcement official's statement is in writing and specifies the time for which a delay is required, Business Associate shall delay its reporting and/or notification obligation(s) for the time period specified by the official.

5.3.2 If the statement is made orally, Business Associate shall document the statement, including the identity of the official making the statement, and delay its reporting and/or notification obligation(s) temporarily and no longer than 30 days from the date of the oral statement, unless a written statement as described in Section 5.3.1 is submitted during that time.

6. WRITTEN ASSURANCES OF SUBCONTRACTORS

- 6.1 In accordance with 45 C.F.R. § 164.502 (e)(1)(ii) and § 164.308 (b)(2), if applicable, Business Associate shall ensure that any Subcontractor that creates, receives, maintains, or transmits Protected Health Information on behalf of Business Associate is made aware of its status as a Business Associate with respect to such information and that Subcontractor agrees in writing to the same restrictions, conditions, and requirements that apply to Business Associate with respect to such information.
- 6.2 Business Associate shall take reasonable steps to cure any material breach or violation by Subcontractor of the agreement required by Section 6.1.
- 6.3 If the steps required by Section 6.2 do not cure the breach or end the violation, Contractor shall terminate, if feasible, any arrangement with Subcontractor by which Subcontractor creates, receives, maintains, or transmits Protected Health Information on behalf of Business Associate.
- 6.4 If neither cure nor termination as set forth in Sections 6.2 and 6.3 is feasible, Business Associate shall immediately notify CalMHSA.
- 6.5 Without limiting the requirements of Section 6.1, the agreement required by Section 6.1 (Subcontractor Business Associate Agreement) shall require Subcontractor to contemporaneously notify Covered Entity in the event of a Breach of Unsecured Protected Health Information.
- 6.6 Without limiting the requirements of Section 6.1, agreement required by Section 6.1 (Subcontractor Business Associate Agreement) shall include a provision requiring Subcontractor to destroy, or in the alternative to return to Business Associate, any Protected Health Information created, received, maintained, or transmitted by Subcontractor on behalf of Business Associate so as to enable Business Associate to comply with the provisions of Section 18.4.
- 6.7 Business Associate shall provide to Covered Entity, at Covered Entity's request, a copy of any and all Subcontractor Business Associate Agreements required by Section 6.1.
- 6.8 Sections 6.1 and 6.7 are not intended by the parties to limit in any way the scope of Business Associate's obligations related to Subcontracts or Subcontracting in the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

7. ACCESS TO PROTECTED HEALTH INFORMATION

- 7.1 To the extent Covered Entity determines that Protected Health Information is maintained by Business Associate or its agents or Subcontractors in a Designated Record Set, Business Associate shall, within two (2) business days after receipt of a request from Covered Entity, make the Protected Health Information specified by Covered Entity available to the Individual(s) identified by Covered Entity as being entitled to access and shall provide such Individuals(s) or other person(s) designated by Covered Entity with a copy the specified Protected Health Information, in order for Covered Entity to meet the requirements of 45 C.F.R. § 164.524.

- 7.2 If any Individual requests access to Protected Health Information directly from Business Associate or its agents or Subcontractors, Business Associate shall notify Covered Entity in writing within two (2) days of the receipt of the request. Whether access shall be provided or denied shall be determined by Covered Entity.
- 7.3 To the extent that Business Associate maintains Protected Health Information that is subject to access as set forth above in one or more Designated Record Sets electronically and if the Individual requests an electronic copy of such information, Business Associate shall provide the Individual with access to the Protected Health Information in the electronic form and format requested by the Individual, if it is readily producible in such form and format; or, if not, in a readable electronic form and format as agreed to by Covered Entity and the Individual.

8. AMENDMENT OF PROTECTED HEALTH INFORMATION

- 8.1 To the extent Covered Entity determines that any Protected Health Information is maintained by Business Associate or its agents or Subcontractors in a Designated Record Set, Business Associate shall, within ten (10) business days after receipt of a written request from Covered Entity, make any amendments to such Protected Health Information that are requested by Covered Entity, in order for Covered Entity to meet the requirements of 45 C.F.R. § 164.526.
- 8.2 If any Individual requests an amendment to Protected Health Information directly from Business Associate or its agents or Subcontractors, Business Associate shall notify Covered Entity in writing within five (5) days of the receipt of the request. Whether an amendment shall be granted or denied shall be determined by Covered Entity.

9. ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

- 9.1 Business Associate shall maintain an accounting of each Disclosure of Protected Health Information made by Business Associate or its employees, agents, representatives or Subcontractors, as is determined by Covered Entity to be necessary in order to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528.
- 9.1.1 Any accounting of disclosures provided by Business Associate under Section 9.1 shall include:
- (a) The date of the Disclosure;
 - (b) The name, and address if known, of the entity or person who received the Protected Health Information;
 - (c) A brief description of the Protected Health Information Disclosed; and
 - (d) A brief statement of the purpose of the Disclosure.
- 9.1.2 For each Disclosure that could require an accounting under Section 9.1, Business Associate shall document the information specified in Section 9.1.1, and shall maintain the information for six (6) years from the date of the Disclosure.

- 9.2 Business Associate shall provide to Covered Entity, within ten (10) business days after receipt of a written request from Covered Entity, information collected in accordance with Section 9.1.1 to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528
- 9.3 If any Individual requests an accounting of disclosures directly from Business Associate or its agents or Subcontractors, Business Associate shall notify Covered Entity in writing within five (5) days of the receipt of the request, and shall provide the requested accounting of disclosures to the Individual(s) within 30 days. The information provided in the accounting shall be in accordance with 45 C.F.R. § 164.528.

10. COMPLIANCE WITH APPLICABLE HIPAA RULES

- 10.1 To the extent Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 C.F.R. Part 164, Business Associate shall comply with the requirements of Subpart E that apply to Covered Entity's performance of such obligation(s).
- 10.2 Business Associate shall comply with all HIPAA Rules applicable to Business Associate in the performance of Services.

11. AVAILABILITY OF RECORDS

- 11.1 Business Associate shall make its internal practices, books, and records relating to the Use and Disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity available to the Secretary for purposes of determining Covered Entity's compliance with the Privacy and Security Regulations.
- 11.2 Unless prohibited by the Secretary, Business Associate shall immediately notify Covered Entity of any requests made by the Secretary and provide Covered Entity with copies of any documents produced in response to such request.

12. MITIGATION OF HARMFUL EFFECTS

- 12.1 Business Associate shall mitigate, to the extent practicable, any harmful effect of a Use or Disclosure of Protected Health Information by Business Associate in violation of the requirements of this Business Associate Agreement that is known to Business Associate.

13. BREACH NOTIFICATION TO INDIVIDUALS

- 13.1 Business Associate shall, to the extent Covered Entity determines that there has been a Breach of Unsecured Protected Health Information by Business Associate, its employees, representatives, agents or Subcontractors, provide breach notification to the Individual in a manner that permits Covered Entity to comply with its obligations under 45 C.F.R. § 164.404.
- 13.1.1 Business Associate shall notify, subject to the review and approval of Covered Entity, each Individual whose Unsecured Protected Health

Information has been, or is reasonably believed to have been, accessed, acquired, Used, or Disclosed as a result of any such Breach.

13.1.2 The notification provided by Business Associate shall be written in plain language, shall be subject to review and approval by Covered Entity, and shall include, to the extent possible:

- (a) A brief description of what happened, including the date of the Breach and the date of the Discovery of the Breach, if known;
- (b) A description of the types of Unsecured Protected Health Information that were involved in the Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
- (c) Any steps the Individual should take to protect him or herself from potential harm resulting from the Breach;
- (d) A brief description of what Business Associate is doing to investigate the Breach, to mitigate harm to Individual(s), and to protect against any further Breaches; and
- (e) Contact procedures for Individual(s) to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, Web site, or postal address.

13.2 Covered Entity, in its sole discretion, may elect to provide the notification required by Section 13.1 and/or to establish the contact procedures described in Section 13.1.2.

13.3 Business Associate shall reimburse Covered Entity any and all costs incurred by Covered Entity, in complying with Subpart D of 45 C.F.R. Part 164, including but not limited to costs of notification, internet posting, or media publication, as a result of Business Associate's Breach of Unsecured Protected Health Information; Covered Entity shall not be responsible for any costs incurred by Business Associate in providing the notification required by 13.1 or in establishing the contact procedures required by Section 13.1.2.

14. INDEMNIFICATION

14.1 Business Associate shall indemnify, defend, and hold harmless Covered Entity, its Special Districts, elected and appointed officers, employees, and agents from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, expenses (including attorney and expert witness fees), and penalties and/or fines (including regulatory penalties and/or fines), arising from or connected with Business Associate's acts and/or omissions arising from and/or relating to this Business Associate Agreement, including, but not limited to, compliance and/or enforcement actions and/or activities, whether formal or informal, by the Secretary or by the Attorney General of the State of California.

14.2 Section 14.1 is not intended by the parties to limit in any way the scope of Business Associate's obligations related to Insurance and/or Indemnification in the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order,

or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

15. OBLIGATIONS OF COVERED ENTITY

- 15.1 Covered Entity shall notify Business Associate of any current or future restrictions or limitations on the Use or Disclosure of Protected Health Information that would affect Business Associate's performance of the Services, and Business Associate shall thereafter restrict or limit its own Uses and Disclosures accordingly.
- 15.2 Covered Entity shall not request Business Associate to Use or Disclose Protected Health Information in any manner that would not be permissible under Subpart E of 45 C.F.R. Part 164 if done by Covered Entity, except to the extent that Business Associate may Use or Disclose Protected Health Information as provided in Sections 2.3, 2.5, and 2.6.

16. TERM

- 16.1 Unless sooner terminated as set forth in Section 17, the term of this Business Associate Agreement shall be the same as the term of the applicable underlying Agreement, Contract, Participation Agreement, Master Agreement, Work Order, Purchase Order, or other service arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.
- 16.2 Notwithstanding Section 16.1, Business Associate's obligations under Sections 11, 14, and 18 shall survive the termination or expiration of this Business Associate Agreement.

17. TERMINATION FOR CAUSE

- 17.1 In addition to and notwithstanding the termination provisions set forth in the applicable underlying Agreement, Contract, Participation Agreement, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate, if either party determines that the other party has violated a material term of this Business Associate Agreement, and the breaching party has not cured the breach or ended the violation within the time specified by the non-breaching party, which shall be reasonable given the nature of the breach and/or violation, the non-breaching party may terminate this Business Associate Agreement.
- 17.2 In addition to and notwithstanding the termination provisions set forth in the applicable underlying Agreement, Contract, Participation Agreement, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate, if either party determines that the other party has violated a material term of this Business Associate Agreement, and cure is not feasible, the non-breaching party may terminate this Business Associate Agreement immediately.

18. DISPOSITION OF PROTECTED HEALTH INFORMATION UPON TERMINATION OR EXPIRATION

- 18.1 Except as provided in Section 18.3, upon termination for any reason or expiration of this Business Associate Agreement, Business Associate shall return or, if agreed to

by Covered entity, shall destroy as provided for in Section 18.2, all Protected Health Information received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity, that Business Associate, including any Subcontractor, still maintains in any form. Business Associate shall retain no copies of the Protected Health Information.

18.2 Destruction for purposes of Section 18.2 and Section 6.6 shall mean that media on which the Protected Health Information is stored or recorded has been destroyed and/or electronic media have been cleared, purged, or destroyed in accordance with the use of a technology or methodology specified by the Secretary in guidance for rendering Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals.

18.3 Notwithstanding Section 18.1, in the event that return or destruction of Protected Health Information is not feasible or Business Associate determines that any such Protected Health Information is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities, Business Associate may retain that Protected Health Information for which destruction or return is infeasible or that Protected Health Information which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities and shall return or destroy all other Protected Health Information.

18.3.1 Business Associate shall extend the protections of this Business Associate Agreement to such Protected Health Information, including continuing to use appropriate safeguards and continuing to comply with Subpart C of 45 C.F.R Part 164 with respect to Electronic Protected Health Information, to prevent the Use or Disclosure of such information other than as provided for in Sections 2.5 and 2.6 for so long as such Protected Health Information is retained, and Business Associate shall not Use or Disclose such Protected Health Information other than for the purposes for which such Protected Health Information was retained.

18.3.2 Business Associate shall return or, if agreed to by Covered entity, destroy the Protected Health Information retained by Business Associate when it is no longer needed by Business Associate for Business Associate's proper management and administration or to carry out its legal responsibilities.

18.4 Business Associate shall ensure that all Protected Health Information created, maintained, or received by Subcontractors is returned or, if agreed to by Covered entity, destroyed as provided for in Section 18.2.

19. AUDIT, INSPECTION, AND EXAMINATION

19.1 Covered Entity reserves the right to conduct a reasonable inspection of the facilities, systems, information systems, books, records, agreements, and policies and procedures relating to the Use or Disclosure of Protected Health Information for the purpose determining whether Business Associate is in compliance with the terms of this Business Associate Agreement and any non-compliance may be a basis for termination of this Business Associate Agreement and the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate, as provided for in section 17.

- 19.2 Covered Entity and Business Associate shall mutually agree in advance upon the scope, timing, and location of any such inspection.
- 19.3 At Business Associate's request, and to the extent permitted by law, Covered Entity shall execute a nondisclosure agreement, upon terms and conditions mutually agreed to by the parties.
- 19.4 That Covered Entity inspects, fails to inspect, or has the right to inspect as provided for in Section 19.1 does not relieve Business Associate of its responsibility to comply with this Business Associate Agreement and/or the HIPAA Rules or impose on Covered Entity any responsibility for Business Associate's compliance with any applicable HIPAA Rules.
- 19.5 Covered Entity's failure to detect, its detection but failure to notify Business Associate, or its detection but failure to require remediation by Business Associate of an unsatisfactory practice by Business Associate, shall not constitute acceptance of such practice or a waiver of Covered Entity's enforcement rights under this Business Associate Agreement or the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.
- 19.6 Section 19.1 is not intended by the parties to limit in any way the scope of Business Associate's obligations related to Inspection and/or Audit and/or similar review in the applicable underlying Agreement, Contract, Participation Agreement, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

20. MISCELLANEOUS PROVISIONS

- 20.1 Disclaimer. Covered Entity makes no warranty or representation that compliance by Business Associate with the terms and conditions of this Business Associate Agreement will be adequate or satisfactory to meet the business needs or legal obligations of Business Associate.
- 20.2 HIPAA Requirements. The Parties agree that the provisions under HIPAA Rules that are required by law to be incorporated into this Amendment are hereby incorporated into this Agreement.
- 20.3 No Third Party Beneficiaries. Nothing in this Business Associate Agreement shall confer upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.
- 20.4 Construction. In the event that a provision of this Business Associate Agreement is contrary to a provision of the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate, the provision of this Business Associate Agreement shall control. Otherwise, this Business Associate Agreement shall be construed under, and in accordance with, the terms of the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

- 20.5 Regulatory References. A reference in this Business Associate Agreement to a section in the HIPAA Rules means the section as in effect or as amended.
- 20.6 Interpretation. Any ambiguity in this Business Associate Agreement shall be resolved in favor of a meaning that permits the parties to comply with the HIPAA Rules.

Amendment. The parties agree to take such action as is necessary to amend this Business Associate Agreement from time to time as is necessary for Covered Entity or Business Associate to comply with the requirements of the HIPAA Rules and any other privacy laws governing Protected Health Information

Attachment A1

Substance Use Disorder Programs
Substance Abuse Prevention and Treatment Block Grant

Services and work provided by Contractor at the County's request under this Agreement will be performed in accordance with applicable federal and state statutes and regulations, including, but not limited to, sections 96.126, 96.127, 96.128, 96.131 and 96.132, and all references therefrom, of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Reauthorization Act, Public Law 106-310, the State of California Alcohol and/or Other Drug Program Certification Standards, and any and all guidelines promulgated by the State Department of Health Care Services' (DHCS) Alcohol and Drug Programs and the Siskiyou County Health and Human Services Agency to serve special populations and groups, as applicable, County laws, ordinances, regulations and resolutions; and in a manner in accordance with the standards and obligations of Contractor's profession. Contractor shall devote such time to the performance of services pursuant to this Agreement as may be reasonably necessary for the satisfactory performance of Contractor's obligations. The Multi-Year DHCS State-County contract may be found on the Behavioral Health Division website at: <http://www.co.siskiyou.ca.us/content/behavioral-health-services-division>. Contractor shall adhere to the applicable provisions of the Multi-Year DHCS State-County Contract referenced below in their entirety.

1. Program Specifications

1.1 Minimum Quality Drug Treatment Standards. Contractor shall comply with the Minimum Quality Drug Treatment Standards for Substance Abuse Prevention and Treatment Block Grants (SABG) for all Substance Use Disorder treatment programs either partially or fully funded by SABG. The Minimum Quality Drug Treatment Standards for SABG are attached to this Agreement as Attachment A2, incorporated by reference. [DHCS State-County Contract, Exhibit A, Attachment I, Part I].

1.2 Hatch Act. Contractor agrees to comply with the provisions of the Hatch Act (Title 5 USC, Sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds. [DHCS State-County Contract, Exhibit A, Attachment I, Part II].

1.3 No Unlawful Use Messages Regarding Drugs. Contractors will agree that information produced through these funds, and which pertains to drug and alcohol-related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol-related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999-11999.3). [DHCS State-County Contract, Exhibit A, Attachment I, Part II].

1.4 Noncompliance with Reporting Requirements. Contractor agrees that DHCS has the right to withhold payments until Contractor has submitted any required data and reports to DHCS. [DHCS State-County Contract, Exhibit A, Attachment I, Part II].

1.5 Limitations on use of Funds for Promotion of Legalization of Controlled Substances. None of the funds made available through this Contract may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812). [DHCS State-County Contract, Exhibit A, Attachment I, Part II].

1.6 Debarment and Suspension. Contractor shall not subcontract with or employ any party listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive orders 12549 (3 CFR part 1986 Comp. p. 189) and 12689 (3 CFR part 1989., p. 235), "Debarment and Suspension." Contractor shall comply with applicable federal debarment and suspension regulations, in addition to the requirements set forth in 42 CFR Part 1001. If Contractor subcontracts or employs an excluded party DHCS has the right to withhold payments, disallow costs, or issue a Corrective Action Plan, as appropriate, pursuant to HSC Code 11817.8(h). [DHCS State-County Contract, Exhibit A, Attachment I, Part II].

1.7 Restriction on Distribution of Sterile Needles. No funds made available through this Contract shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug unless DHCS chooses to implement a demonstration syringe services program for injecting drug users with Substance Abuse Prevention and Treatment Block Grant funds. [DHCS State-County Contract, Exhibit A, Attachment I, Part II].

1.8 Health Insurance Portability and Accountability Act (HIPAA) of 1996. If any of the work performed under this Contract is subject to HIPAA, Contractor shall perform the work in compliance with all applicable provisions of HIPAA. [DHCS State-County Contract, Exhibit A, Attachment I, Part II].

1.9 Nondiscrimination and Institutional Safeguards for Religious Providers. Contractor shall establish such processes and procedures as necessary to comply with the provisions of Title 42, USC, Section 300x-65 and Title 42, CFR, Part 54. [DHCS State-County Contract, Exhibit A, Attachment I, Part II].

1.10 Counselor Certification. Any counselor providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be certified as defined in Title 9, CCR, Division 4, Chapter 8. [DHCS State-County Contract, Exhibit A, Attachment I, Part II].

1.11 CLAS Standards. To ensure access to quality care by diverse populations, each service provider receiving funds from this Contract shall adopt the Federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards. [DHCS State-County Contract, Exhibit A, Attachment I, Part II].

1.12 Intravenous Drug Use (IVDU) Treatment. Contractor shall ensure that individuals in need of IVDU treatment shall be encouraged to undergo alcohol and other drug (AOD) treatment (42 USC 300x-23 (45 CFR 96.126(e)). [DHCS State-County Contract, Exhibit A, Attachment I, Part II].

1.13 Tuberculosis Treatment. Contractor shall ensure that TB services shall be routinely available to each individual receiving treatment for alcohol and other drug use and/or abuse; reduce barriers to patients accepting TB treatment; and develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance. [DHCS State-County Contract, Exhibit A, Attachment I, Part II].

1.14 Trafficking Victims Protection Act of 2000. Contractor shall comply with the Trafficking Victims Protection Act of 2000 (22 United States Code (USC) 7104(g)) as amended by section 1702 of Pub. L. 112-239. The County is authorized to terminate the contract, without penalty, if the Contractor: (a) Engages in severe forms of trafficking in persons during the period of time that the award is in effect; (b) Procures a commercial sex act during the period of time that the award is in effect; or (c) Uses forced labor in the performance of the award or subawards under the award. [DHCS State-County Contract, Exhibit A, Attachment I, Part II].

1.15 Tribal Communities and Organizations. Contractor shall regularly assess (e.g. review population information available through Census, compare to information obtained in CalOMS Treatment to determine whether population is being reached, survey Tribal representatives for insight in potential barriers) the substance abuse use service needs of the American Indian/Alaskan Native (AI/AN) population within the County geographic area and shall engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness and accessibility of services available to AI/AN communities within the County. [DHCS State-County Contract, Exhibit A, Attachment I, Part II].

1.16 Youth Treatment Guidelines. Contractor shall comply with the DHCS "Youth Treatment Guidelines", in developing and implementing youth treatment programs funded under this Contract, until such time new Youth Treatment Guidelines are established and adopted. No formal amendment of this Contract is required for new guidelines to be incorporated into this Contract. [DHCS State-County Contract, Exhibit A, Attachment I, Part II].

1.17 Perinatal Practice Guidelines. Perinatal programs shall comply with the perinatal program requirements as outlined in the DHCS Perinatal Practice Guidelines. The Contractor shall comply with the current version of these guidelines until new Perinatal Practice Guidelines are established and adopted. The incorporation of any new Perinatal Practice Guidelines into this Contract shall not require a formal amendment. [DHCS State-County Contract, Exhibit A, Attachment I, Part II].

1.18 Byrd Anti-Lobbying Amendment (31 USC 1352). Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. Contractor shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. [DHCS State-County Contract, Exhibit A, Attachment I, Part II].

1.19 Nondiscrimination in Employment and Services. By signing this Contract, Contractor certifies that under the laws of the United States and the State of California, incorporated into this Contract by reference and made a part hereof as if set forth in full, Contractor will not unlawfully discriminate against any person. [DHCS State-County Contract, Exhibit A, Attachment I, Part II].

1.20 Information Access for Individuals with Limited English Proficiency. Contractor shall comply with all applicable provisions of the Dymally-Alatorre Bilingual Services Act (Government Code sections 7290-7299.8) regarding access to materials that explain services available to the public as well as providing language interpretation services. Contractor shall comply with the applicable provisions of Section 1557 of the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to: (a) materials explaining services available to the public, (b) language assistance, (c) language interpreter and translation services, and (d) video remote language interpreting services. [DHCS State-County Contract, Exhibit A, Attachment I, Part II].

1.21 Charitable Choice Requirements. Contractors shall not use funds provided through this contract for inherently religious activities, such as worship, religious instruction, or proselytization. Contractors that are religious organizations shall establish a referral process to a reasonably accessible program for clients who may object to the religious nature of the Contractor's program and contractors shall be required to notify clients of their rights prohibiting discrimination and to be referred to another program if they object to the religious nature of the program at intake. Referrals that were made due to the religious nature of the Contractor's program shall be submitted annually to the County Alcohol and Drug Administrator by June 30, for referrals made during the fiscal year. [DHCS State-County Contract, Exhibit A, Attachment I, Part III].

1.22 Restrictions on Salaries. Contractor agrees that no part of any federal funds provided under this Agreement shall be used by Contractor or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level I of the Executive Schedule. Salary and wages schedules may be found at https://grants.nih.gov/grants/policy/salcap_summary.htm. SABG funds used to pay a salary in excess of the rate of basic pay for a Level I of the Executive Schedule shall be subject to disallowance.

1.23 Confidentiality Statement. Contractor agrees that all persons that will be working with PHI or PI must sign a confidentiality statement that includes, at a minimum, General Use, Security and Privacy Safeguards, Unacceptable Use, and Enforcement Policies. The statement must be signed by the workforce member prior to access to PHI or PI. The statement must be renewed annually. The Contractor shall retain each person's written confidentiality statement for inspection for a period of six (6) years following termination of this Agreement. [DHCS State-County Performance Contract, Attachment A, 1, C].

1.24 Background Check. Contractor agrees that before a member of the workforce may access PHI or PI, a background screening of that worker must be conducted. The screening should be commensurate with the risk and magnitude of harm the employee could cause, with more thorough screening being done for those employees who are authorized to bypass significant technical and operational security controls. The Contractor shall retain each

workforce member's background check documentation for a period of three (3) years. [DHCS State-County Performance Contract, Attachment A, 1, D].

2. Program Evaluation

2.1 Contractor shall maintain books, records, files, documents and evidence directly pertinent to work under this Agreement in sufficient detail to make possible an evaluation of services provided and compliance with State Department of Health Care Services (hereinafter "DHCS") regulations, as applicable, and in accordance with accepted professional practice and accounting procedures for a minimum of five (5) years after the termination of the Agreement,. Contractor agrees to extend to the DHCS and to the County and their designees the right to review and investigate records, programs, and procedures, as well as overall operation of Contractor's program with reasonable notice.

2.2 Formal evaluation of the program shall be made annually through a Provider Self-Audit and on-site visit. This evaluation shall result in a written report to the Contractor within fifteen (15) working days of the site visit. Any report that results from a site visit shall be submitted to the Contractor within fifteen (15) working days. Contractor shall submit a written response within the timeframe outlined in the site visit report, and such response shall be part of the official written report provided for in this section.

2.3 Contractor shall maintain fiscal, administrative, and programmatic records and such other data as may be required by the County Alcohol and Drug Administrator for program and research requirements.

2.4 Contractor shall notify the County Alcohol and Drug Administrator within two business days of receipt of any DHCS report identifying non-compliance services or processes requiring a Corrective Action Plan (CAP). Contractor shall submit the CAP to DHCS with the designated timeframe specified by DHCS and shall concurrently send a copy to the County Alcohol and Drug Administrator.

3. Records

3.1 Contractor and the County mutually agree to maintain the confidentiality of Contractor's participant records, including billings, pursuant to Sections 11812(c) and 11879, Health & Safety Code and Federal Regulations for Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2, dated June 9.1987), the federal Health Insurance Portability and Accountability Act (HIPAA) and all other applicable State and Federal laws and any amendments. Contractor shall inform all its officers, employees, and agents of the confidentiality provisions of said regulations, and provide all necessary policies and procedures and training to ensure compliance.

3.2 Where contracts exceed \$10,000 of state funding – the contractor shall be subject to examination and audit of the Department of Auditor General for a period of three (3) years after final payment under contract (Government Code § 8546.7).

3.3 Contractor shall allow DHCS, HHSA, the California State Auditor and other authorized federal and state agencies, or their duly authorized representatives to inspect books, records, and facilities, as permitted by law.

3.4 The Contractor, if applicable, shall maintain medical records required by Title 22 of the California Code of Regulations, and other records showing a Medi-Cal beneficiary's eligibility for services, the service(s) rendered, the Medi-Cal beneficiary to whom the service was rendered, the date of the services, the medical necessity of the service and the quality of care provided. Records shall be maintained in accordance with Title 22 California Code of Regulations.

3.5 Contractor is responsible for the repayment of all exceptions and disallowances taken by local, State and Federal agencies, related to activities conducted by Contractor under the Agreement. Where unallowable costs have been claimed and reimbursed, they will be refunded to County.

3.6 Financial records shall be kept so that they clearly reflect the source of funding for each type of service for which reimbursement is claimed. These documents include, but are not limited to, all ledgers, books, vouchers, time sheets, payrolls, appointment schedules, client data cards, and schedules for allocating costs. Fiscal records shall contain sufficient data to enable auditors to perform a complete audit and shall be maintained in conformance with the procedures and accounting principles set forth in the State Department of Health Care Services' Cost Reporting/Data Collection Systems.

4. Unusual Occurrence and Incident Reporting

4.1 Contractor shall report unusual occurrences to the County of Siskiyou Alcohol & Drug Program Site Supervisor or designee. An unusual occurrence is any event which jeopardizes the health and/or safety of clients, staff and/or members of the community, including but not limited to physical injury and death.

4.2 Unusual occurrences are to be reported to the County within five (5) calendar days of the event or as soon as possible after becoming aware of the unusual event. Reports are to include the following elements:

4.2.1 Complete written description of event including outcome;

4.2.2 Written report of Contractor's investigation and conclusions;

4.2.3 List of persons directly involved and/or with direct knowledge of the event.

4.3 The County and DHCS retain the right to independently investigate unusual occurrences and Contractor will cooperate in the conduct of such independent investigations.

4.4 Residential substance use treatment facilities licensed by DHCS shall also comply with reporting unusual incidents as outlined in Title 9 CCR, Chapter 5, Subchapter 3, Article 1. Contractor shall notify the County Alcohol and Drug Administrator concurrently, which is a telephonic report within one (1) working day of the event, followed by a copy of the written report submitted to DHCS within seven (7) days of the event.

5. Applicable Fee(s)

5.1 Contractor shall charge participant fees. No one shall be denied services based solely on ability or inability to pay.

5.2 Contractor shall perform eligibility and financial determinations in accordance with a fee schedule approved by the Chief of Alcohol and Drug Programs for this purpose. Individual income, expenses, and number of dependents shall be considered in formulating the fee schedule and in its utilization.

5.3 Contractor agrees to have on file with the County a schedule of Contractor's published charges, if applicable.

5.4 Contractor shall conduct community-centered fundraising activities, as appropriate.

6. Non-Discrimination

6.1 Contractor shall develop and implement policies and procedures that ensure: non-discrimination in the provision of services based on a diagnosis of Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related Complex (ARC), or upon testing positive for Human Immunodeficiency Virus (HIV); the prohibition of the use of HIV antibody testing as a screening criterion for program participation; training of all staff and all participants regarding high-risk behaviors, safer sex practices, and perinatal transmission of HIV infection ; and development of procedures for addressing the special needs and problems of those individuals who test positive for antibodies to HIV. No individual shall be required to disclose his or her HIV status.

6.2 The contractor and/or any permitted sub-contractor shall not discriminate in the provision of services because of race, color, religion, national origin, sex, sexual orientation, age or mental or physical handicap as provided by State and Federal law. For the purpose of this contract, distinctions on the grounds of race, color, religion, national origin, age or mental or physical handicap include but are not limited to the following: denying a Medi-Cal beneficiary any service or benefit which is different, or is provided in a different way manner or at a different time from that provided to other beneficiaries under this contract; subjecting a beneficiary to segregation or separate treatment in any matter related to receipt of any service; restricting a beneficiary in any way in the enjoyment, advantage or privilege enjoyed by others receiving ant service or benefit; treating a beneficiary differently from others in determining whether the beneficiary satisfied any admission, eligibility, other requirement or condition which individuals must meet in order to be provided any benefit; the assignment of times or places for the provision of services on a basis of the race, color, religion, national origin, sexual orientation, age or mental or physical handicap of the beneficiaries to be served.

6.3 The Contractor shall take affirmative action to ensure that services to intended Medi-Cal beneficiaries are provided without regard to race, color, religion, national origin, sex, sexual orientation, age or mental or physical handicap.

7. Required Program Submissions

7.1 Contractor agrees to maintain, and provide to County upon request, job descriptions, including minimum qualifications for employment and duties performed, for all personnel whose salaries, wages, and benefits are reimbursable in whole or in part under this Agreement.

7.2 Contractor agrees to maintain, and to provide to County upon request, an organizational chart that reflects the Contractor's current operating structure.

7.3 Contractor shall maintain, and provide to County upon request, the complaint procedure to be utilized in the event that there is a complaint regarding services provided under this Agreement. Contractor shall ensure that recipients of service under this Agreement have access to and are informed of Contractor's complaint procedure.

7.4 Upon Contractor's completion of services under this Agreement to County's satisfaction, payment to Contractor shall be made monthly in accordance with the procedures set forth in Exhibit A. All billings and reports shall clearly reflect and in reasonable detail give information regarding the services for which the claim is being made. It is understood and agreed that County may withhold payment until receipt of billings and reports in the prescribed detail and format. Billings and reports shall be made and forwarded to County of Siskiyou Behavioral Health Division of the HHSA promptly at the end of each calendar month; no later than the 10th day of the month following the month in which the services, for which billing is made, were rendered. Payments received after that date may result in a delay in payment until the next monthly billing cycle. The payment for the month of September may be withheld pending receipt of the preceding year's Cost Report on continuing services contracts.

7.5 Contractor shall provide County with an annual Cost Report no later than ninety (90) days after the termination of this agreement. In addition to the annual Cost Report, Contractor shall furnish County, within one hundred and eighty (180) days of close of contractor fiscal year, a certified copy of an Audit Report from an independent CPA firm. This Audit Report shall cover Contractor's fiscal year which most nearly coincides with County's fiscal year. Contractors receiving federal funds shall comply with Office of Management and Budget (OMB) Circular Number A-133, Uniform administrative Requirements for Grants and Other Agreements with Institutions of Higher Education, Hospitals, and other Nonprofit Organizations. Cost Report settlements shall be made when a proper Cost Report has been submitted to the County. The findings of the annual Cost Report shall be subject to an audit by County and State. The State of California may make such audits as it deems necessary for the purpose of determining reimbursement due to the County.

7.6 Contractor will have an MOU in place with all approved subcontractors that define the services to be provided by the subcontractors and is consistent with and fully reflects the services and conditions described in this contract. Such MOUs will be made available to County within a reasonable time upon request.

8. Reporting Requirements

8.1 California Outcomes Measurement System for Treatment (CalOMS-Tx)

8.1.1 Contractor shall contract with a software vendor that complies with the CalOMS-Tx data collection system requirements for submission of CalOMS-Tx data. A Business Associate Agreement (BAA) shall be established between the Contractor and the software vendor. The BAA shall state that DHCS is allowed to return the processed CalOMS-Tx data to the vendor that supplied the data.

8.1.2 Contractor shall conduct information technology systems testing and pass State certification testing before commencing submission of CalOMS-Tx data. If Contractor changes or modifies the CalOMS-Tx system, then Contractor shall re-test and pass state re-certification prior to submitting data from new or modified system.

8.1.3 Contractor shall implement and maintain a system for collecting and electronically submitting CalOMS-Tx data. Electronic submission of CalOMS-Tx data shall be submitted by Contractor within 45 days from the end of the last day of the report month. Contractor shall comply with data collection and reporting requirements established by the DHCS CalOMS-Tx Data Collection Guide.

8.1.4 Contractor shall submit CalOMS-Tx admission, discharge, annual update, resubmissions of records containing errors or in need of correction, and "provider no activity" report records in an electronic format approved by DHCS. Contractor shall comply with the CalOMS-Tx Data Compliance Standards established by DHCS for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines, and reporting method.

8.1.5 If the Contractor experiences system or service failure or other extraordinary circumstances that affect its ability to timely submit data or meet other data compliance requirements, Contractor shall report the problem in writing before the established data submission deadlines. The written notice shall include a remediation plan that is subject to review and approval by the State. A grace period of up to sixty (60) days may be granted, at the State's sole discretion, for the Contractor to resolve the problem.

8.1.6 If the State experiences system or service failure, no penalties will be assessed to Contractor for late data submission. If the Contractor submits data after the established deadlines due to a delay or problem, Contractor is still responsible for collecting and reporting data from time of delay or problem.

8.1.7 Contractor shall comply with the treatment and prevention data quality standards established by the State. Failure to meet these standards on an ongoing basis may result in withholding of funds.

8.2 Drug and Alcohol Treatment Access Report (DATAR)

8.2.1 Contractor shall be responsible for ensuring treatment services and all treatment providers submit a monthly DATAR report in an electronic copy format as provided by the State. In those instances where the Contractor maintains a central intake unit or equivalent which provides intake services including a waiting list, the Contractor shall identify and begin submitting monthly DATAR reports for the central intake unit by a date to be specified by the State.

8.2.2 Contractor shall ensure that all DATAR reports are submitted by either Contractor or subcontracted treatment provider to the State by the 10th of the month following the report activity month.

8.2.3 Contractor shall ensure all applicable providers are enrolled in the State's web-based DATAR Web program for submission of data,

8.2.4 If the Contractor experiences system or service failure or other extraordinary circumstances that affect its ability to timely submit a monthly DATAR report and/or to meet data compliance requirements, the Contractor shall report the problem in writing before the established data submission deadlines. The written notice shall include a remediation plan that is subject to review and approval by the State. A grace period of up to sixty (60) days may be granted, at the State's sole discretion, for the Contractor to resolve the problem.

8.2.5 If the State experiences system or service failure, no penalties will be assessed to Contractor for late data submission.

8.2.6 Contractor shall be considered compliant if a minimum of 95% of required DATAR reports from the Contractor's treatment providers are received by the due date.

9. Privacy and Information Security

9.1 The County receives funding from the DHCS pursuant to an annual contracting arrangement (hereinafter "State Contract"). The State Contract contains certain requirements pertaining to the privacy and security of personally identifiable information (hereinafter "PII") and/or protected health information (hereinafter "PHI") and requires that County contractually obligate any of its sub-contractors to also comply with these requirements. Contractor hereby agrees to be bound by, and comply with, any and all terms and conditions of the State Contract pertaining to the privacy and/or security of PII and/or PHI, a hard copy of which County will provide to the Contractor upon request.

9.2 Contractor shall take any and all steps necessary to ensure the continuous security of all computerized data systems containing PHI and/or PII, and to protect paper documents containing PHI and/or PII. Additionally, Contractor shall ensure all employees who assist in the performance of functions or activities on behalf of County, or access or disclose PHI and/or PII, must complete information privacy and security training, at least annually, at Contractor's expense. Each employee who receives information privacy and security training must sign a certification, indicating the employee's name and the date on which the training was completed.

9.3 Additionally, in the event the State Contract requires the County to notify the State of a breach of privacy and/or security of PII and/or PHI, Contractor shall, immediately upon discovery of a breach of privacy and/or security of PII and/or PHI by Contractor, notify County of such breach by telephone and email or facsimile to the following contact: HHSA Privacy Officer – Ph: (530) 841-4805, e-mail: dbarton1@co.siskiyou.ca.us or Fax: (530) 841-4799. Contractor further agrees that it shall notify County of any such breaches prior to the time the County is required to notify the State pursuant to the State Contract.

9.4 In the event the State Contract requires the County to pay any costs associated with a breach of privacy and/or security of PII and/or PHI, including but not limited to the costs of notification, Contractor shall pay on County's behalf any and all such costs arising out of a breach of privacy and/or security of PII and/or PHI by Contractor.

9.5 User IDs and Password Controls. Contractor and subcontractor agree to maintain all appropriate controls for user names and passwords. All users must be issued a unique user name for accessing Department PHI or PI. Username must be promptly disabled,

deleted, or the password changed upon transfer or termination of an employee with knowledge of password. Passwords are not to be shared. Passwords must be at least eight characters and must be a non-dictionary word. Passwords must not be stored in readable format on the computer. Passwords must be changed at least every 90 days, preferably 60 days. Passwords must be changed if revealed or compromised. Passwords must be composed of characters from at least three of the following four groups from the standard keyboard:

- a) Upper case letters (A-Z)
- b) Lower case letters (a-z)
- c) Arabic numerals (0-9)
- d) Non-alphanumeric characters (punctuation symbols)

9.6 Contractor and its subcontractors agree to use antivirus software in all workstations, laptops and other systems that process and/or store Department PHI or PI and actively use a comprehensive anti-virus software solution with automatic updates scheduled at least daily.

10. Electronic Signature

If Contractor uses electronic medical records, the Contractor agrees to use a system that is consistent with DHCS requirements.

If Contractor uses electronic medical records, the Contractor agrees to submit staff updates, including changes in roles or new or separated staff, to the Siskiyou IT Administrator within the timeframes outlined in the Siskiyou Policy and Procedure CLIN 14-05. The notification shall include submission of the Siskiyou IT Electronic Signature Agreement and Siskiyou IT User Request/Change Form, as applicable. If a user suspects that their electronic signature may be comprised, Contractor shall notify the Siskiyou IT Administrator within the timeframes outlined in the MHSUS Policy and Procedure CLIN 14-05.

11. Compliance with Anti-Kickback Statute

Contractor shall comply with the provisions of the "Anti-Kickback Statute (42 U.S.C. § 1320a-7b) as they pertain to Federal healthcare programs.

12. Davis-Bacon Act

Contractor must comply with the provisions of the Davis-Bacon Act, as amended (40 U.S.C. § 3141 et seq.). When required by Federal Medicaid Program legislation, all construction contracts awarded by the Contractor and its subcontractors of more than \$2,000 must include a provision for compliance with the Davis-Bacon Act (40 U.S.C. § 3141 et seq.) as supplemented by Department of Labor regulations (Title 29, CFR Part 5, "Labor Standards Provisions Applicable to Contracts Governing Federally Financed and Assisted Construction").

13. Federal Law Requirements:

13.1 Title VI of the Civil Rights Act of 1964, Section, 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally funded programs.

13.2 Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.

13.3 Age Discrimination Act of 1975 (45 CFR Part 90), as amended (42 USC Sections 6101-6107), which prohibits discrimination on the basis of age.

13.4 Age Discrimination in Employment Act (29 CFR Part 1625).

13.5 Title I of the Americans with Disabilities Act (28 CFR Part 1630) prohibiting discrimination against the disabled in employment.

13.6 Title II of the Americans with Disabilities Act (28 CFR Part 35) prohibiting discrimination against the disabled by public entities.

13.7 Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.

13.8 Section 504 of the Rehabilitation Act of 1973, as amended (29 USC Section 794), prohibiting discrimination on the basis of individuals with disabilities.

13.9 Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than \$10,000 funded by federal assistance.

13.10 Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.

13.11 The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.

13.12 Confidentiality of Alcohol and Drug Abuse Patient Records (42 CR Part 2, Subparts A – E).

14. State Law Requirements:

14.1 Fair Employment and Housing Act (Government Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (California Administrative Code, Title 2, Section 7285.0 et seq.).

14.2 Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135.

14.3 Title 9, Division 4, Chapter 8 of the CCR, commencing with Section 10800.

14.4 No state or federal funds shall be used by the Contractor or its Subcontractors for sectarian worship, instruction, or proselytization. No state funds shall be used by the Contractor or its Subcontractors to provide direct, immediate, or substantial support to any religious activity.

14.5 Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for state to withhold payments under this Contract or terminate all, or any type, of funding provided hereunder.

15. Control Requirements

15.1 Contractor shall be familiar with the laws, regulations, and guidelines and shall establish written policies and procedures consistent with the control requirements set forth below. [DHCS State-County Contract, Exhibit A, Attachment I, Part I].

15.1.1 Health and Safety Code, Division 10.5, Part 2 commencing with Section 11760.

15.1.2 Title 9, California Code of Regulations, Division 4, commencing with Section 9000.

15.1.3 Government Code, Title 2, Division 4, Part 2, Chapter 2, Article 1.7.

15.1.4 Government Code, Article 7, Federally Mandated Audits of Block Grant Funds Allocated to Local Agencies, Chapter 1, Part 1, Division 2, Title 5, commencing at Section 53130.

15.1.5 Title 42 United States Code, Section 300x-21 through 300x-31, 300x-34, 300x-53, 300x-57, and 330x-64 through 66.

15.1.6 Title 2, CFR 200 – The Uniform Administration Requirements, Cost Principles and Audit Requirements for Federal Awards.

15.1.7 Title 45, Code of Federal Regulations (CFR), Sections 96.30 through 96.33 and Sections 96.120 through 96.137.

15.1.8 Title 42, CFR, Sections 8.1 through 8.6.

15.1.9 Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2, Subparts A – E).

15.1.10 Title 21, CFR, Sections 1301.01 through 1301.93, Department of Justice, Controlled Substances.

15.1.11 State Administrative Manual, Chapter 7200 (General Outline of Procedures).

16. Contract Restrictions

16.1 This Contract is subject to any additional restrictions, limitations, or conditions enacted by the federal or state governments after affect the provisions, terms, or funding of this Contract in any manner. [DHCS State-County Contract, Exhibit A, Attachment I, Part I].

Attachment "A2"

Minimum Quality Drug Treatment Standards

Compliance with the following Minimum Quality Treatment Standards is required for all Substance Use Disorder programs either partially or fully funded by the Substance Abuse Prevention and Treatment Block Grant (SABG).

1. Personnel Policies
 - 1.1 Personnel files shall be maintained on all employees and volunteers/interns and shall contain the following:
 - 1.1.1 Application for employment and/or resume;
 - 1.1.2 Signed employment confirmation statement/duty statement
 - 1.1.3 Job description
 - 1.1.4 Performance evaluations
 - 1.1.5 Health records/status as required by program or Title 9
 - 1.1.6 Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries)
 - 1.1.7 Training documentation relative to substance use disorders and treatment
 - 1.1.8 Current registration, certification, intern status, or licensure
 - 1.1.9 Proof of continuing education required by licensing or certifying agency and program
 - 1.1.10 Program Code of Conduct and for registered, certified, and licensed staff, a copy of the certifying/licensing body's code of conduct as well
 - 1.2 Job descriptions shall be developed, revised as needed, and approved by the Program's governing body. The job descriptions shall include:
 - 1.2.1 Position title and classification
 - 1.2.2 Duties and responsibilities
 - 1.2.3 Lines of supervision
 - 1.2.4 Education, training, work experience, and other qualifications for the position.
 - 1.3 Written code of conduct for employees and volunteers/interns shall be established which address at least the following:
 - 1.3.1 Use of drugs and/or alcohol

- 1.3.2 Prohibition of social/business relationship with clients or their family members for personal gain
- 1.3.3 Prohibition of sexual contact with clients
- 1.3.4 Conflict of interest
- 1.3.5 Providing services beyond scope
- 1.3.6 Discrimination against clients or staff
- 1.3.7 Verbally, physically, or sexually harassing, threatening, or abusing clients, family members, or other staff
- 1.3.8 Protection of client confidentiality
- 1.3.9 The elements found in the code of conduct(s) for the certifying organization(s) the program's counselors are certified under
- 1.3.10 Cooperation with complaint investigations
- 1.4 If a program utilizes the services of volunteers and/or interns, procedures shall be implemented which address:
 - 1.4.1 Recruitment
 - 1.4.2 Screening
 - 1.4.3 Selection
 - 1.4.4 Training and orientation
 - 1.4.5 Duties and assignments
 - 1.4.6 Scope of practice
 - 1.4.7 Supervision
 - 1.4.8 Evaluation
 - 1.4.9 Protection of client confidentiality
- 1.5 Written roles and responsibilities and a code of conduct for the medical director (if applicable) shall be clearly documented, signed, and dated by an authorized program representative and the medical director.
- 2. Program Management
 - 2.1 Admission or Readmission

- 2.1.1 Each program shall include in its policies and procedures written admission and readmission criteria for determining client's eligibility and suitability for treatment. These criteria shall include, at minimum:
 - 2.1.1.1 Use of alcohol/drugs of abuse
 - 2.1.1.2 Physical health status
 - 2.1.1.3 Documentation of social and psychological problems
- 2.1.2 If a potential client does not meet the admission criteria, the client shall be referred to an appropriate service provider.
- 2.1.3 If a client is admitted to treatment, a consent to treatment form shall be signed by the client.
- 2.1.4 All referrals made by the program shall be documented in the client record
- 2.1.5 Copies of the following documents shall be provided to the client upon admission:
 - 2.1.5.1 Client rights, client fee policies, and consent to treatment
- 2.1.6 Copies of the following shall be provided to the client or posted in a prominent place accessible to all clients:
 - 2.1.6.1 A statement of nondiscrimination by race, religion, sex, gender identity, ethnicity, age, disability, sexual preference, and ability to pay
 - 2.1.6.2 Grievance procedures
 - 2.1.6.3 Appeal process for involuntary discharge
 - 2.1.6.4 Program rules, expectations, and regulations
- 2.1.7 Where drug screening by urinalysis is deemed appropriate the program shall:
 - 2.1.7.1 Establish procedures which protect against the falsification and/or contamination of any urine sample
 - 2.1.7.2 Document urinalysis results in the client's file

2.2 Treatment

- 2.2.1 Assessment for all clients shall include:
 - 2.2.1.1 Drug/Alcohol use history
 - 2.2.1.2 Medical history

- 2.2.1.3 Family history
- 2.2.1.4 Psychiatric history
- 2.2.1.5 Social/recreational history
- 2.2.1.6 Financial status/history
- 2.2.1.7 Educational history
- 2.2.1.8 Employment history
- 2.2.1.9 Criminal history, legal status
- 2.2.1.10 Previous substance use disorder treatment history
- 2.2.2 Treatment plans shall be developed with the client within 30 days of admission and include:
 - 2.2.2.1 A problem statement for all problems identified through the assessment whether addressed or deferred
 - 2.2.2.2 Goals to address each problem statement (except when deferred)
 - 2.2.2.3 Action steps to meet the goals that include who is responsible for the action and the target date for completion
 - 2.2.2.4 Signature of primary counselor and client
 - 2.2.2.5 All treatment plans shall be reviewed periodically and updated to accurately reflect the client's progress or lack of progress in treatment
- 2.2.3 Progress notes shall document the client's progress toward completion of activities and achievement of goals on the treatment plan.
- 2.2.4 Discharge documentation shall be developed with the client, if possible, and include:
 - 2.2.4.1 Description of the treatment episode
 - 2.2.4.2 Prognosis
 - 2.2.4.3 Client's plan for continued recovery including support systems and plans for relapse prevention
 - 2.2.4.4 Reason and type of discharge
 - 2.2.4.5 Signature of primary counselor and client
 - 2.2.4.6 A copy of the discharge documentation shall be given to the client



Professional Protection – Healthcare™

Policy Package

Prepared for Steven Star

This package includes:

- Your welcome letter
- Important contacts including Claim Reporting Information
- Your policy documents
- Terms & Conditions



Dear Steven,

On the behalf of the whole Berxi team, I want to welcome you as a customer, and thank you for choosing us.

At Berxi, we take pride in delivering a top-tier customer experience and an excellent value, backed by a long-term commitment to your insurance needs. We recognize that insurance is often something you're required to have, but we're well aware that you don't have to get it from us. To that end, if you ever need help—whether you're looking for additional information, need proof of insurance or anything else—please log in at berxi.com/support or call us at **833-242-3794**. We're ready to help.

Need to update your policy? Certain changes can affect your insurance coverage, so please make sure your information is accurate and up to date. If you do need to make changes during the term of your policy, log in at berxi.com with your email address and password to make adjustments. You should update your policy information if you:

- change your address
- change your profession or specialty
- change your employment state
- change your payment information

In addition to giving you the security of being back by Berkshire Hathaway Specialty Insurance, everything we do is geared towards bringing simplicity and efficiency to buying and managing insurance. We're glad to have you as a customer. If there's anything we can do, please get in touch or visit us at berxi.com. We're here for you.

Sincerely,

Your Berxi Team
support@berxi.com | 833-242-3794

P.S. Any way we can make your experience better? We'd love to hear from you.



Important Contacts

Claims:

- **Web**
To submit a notice of incident or claim, please sign in to your account at berxi.com
- **Email**
claims@berxi.com
- **Phone**
855-453-9675 ext. 3

Customer Support:

- **Web**
berxi.com
- **Email**
support@berxi.com
- **Phone**
833-242-3794

Credentialing:

- **Email**
credentialing@berxi.com



BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY
(A Stock Insurance Company)

PROFESSIONAL PROTECTION POLICY – HEALTHCARE

DECLARATIONS

THIS IS AN OCCURRENCE POLICY. DEFENSE COSTS ARE IN ADDITION TO THE LIMITS OF INSURANCE. PLEASE READ THE ENTIRE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES AND WHAT IS AND IS NOT COVERED.

Named Insured	Policy No. 47-QAA-018502-01	
Steven Star	<input checked="" type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Mailing Address	Renewal of Policy No. N/A	
116 N 3rd St , Talent, OR 97540	Your Profession:	
	Physician Assistant - Psychiatric and Mental Health	
Policy Period	Start: 07/01/2021	End: 07/01/2022
Retroactive Date (If Claims-Made is Selected Above.)	N/A	
If N/A or no date, the Retroactive Date is the same as the Policy Period start date.		
All dates at 12:01 a.m. local standard time at the Mailing Address of the Named Insured stated above		
Policy Premium	\$2,549.72	



BASE COVERAGES			
	Limits of Insurance		Deductibles
Professional Liability	\$ 1,000,000	Each Claim	\$ N/A Each Claim
	\$ 1,000,000	Each Named Insured	
	\$ 3,000,000	Aggregate	
Coverage Extensions (Outside Policy Limit)			
• Reputation Protection	\$ 50,000	Each Claim	N/A
• Board Action Defense	\$ 25,000	Per Policy Period	N/A
• Wage Loss/Deposition Expense	\$ 1,000	Per Day	N/A
• HIPAA Violation Coverage	\$ 25,000	Per Policy Period	N/A
OPTIONAL COVERAGE PARTS			
(Coverage applies only if an [X] is shown)			
	Limits of Insurance		Deductibles
<input type="checkbox"/> General Liability	\$ N/A	Each Occurrence	N/A
• Personal and Advertising Injury Liability	\$ N/A	Personal and Advertising Injury	N/A
• Fire Legal Liability	\$ N/A	Fire and Legal Liability	N/A
	\$ N/A	AGGREGATE – All General Liability Coverages	N/A
<input type="checkbox"/> Hired and Non-Owned Auto Liability	Subject to General Liability Limits of Insurance		N/A
<input type="checkbox"/> Cosmetics Procedures Coverage	Subject to Professional Liability Limits of Insurance		\$ N/A Each Claim
<input type="checkbox"/> Medical Director or Administrator Coverage	Subject to Professional Liability Limits of Insurance		Subject to Professional Liability Deductible



BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY
 (A Stock Insurance Company)

<input type="checkbox"/> Medicare/Medicaid Reimbursement	\$ 30,000	Per Policy Period	N/A
<input type="checkbox"/> Non-Medical Services Coverage	\$ N/A	Each Claim	N/A
	\$ N/A	Aggregate	

NOTICES TO INSURER

By 24-hour toll free number: [855-453-9675]
By Email: [claimsnotice@bhspecialty.com]
By Mail: Log on to [www.bhspecialty.com/claims-reporting.html] for mailing address

POLICY FORMS AND ENDORSEMENTS

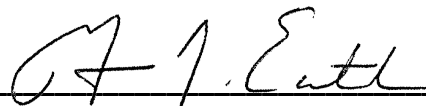
See Addendum to Declarations - Schedule of Forms

THESE DECLARATIONS, THE POLICY FORM AND ANY ENDORSEMENTS ATTACHED HERETO CONSTITUTE THE ABOVE NUMBERED INSURANCE POLICY.

Signatures:



 Ralph Tortorella, Secretary



 Peter Eastwood, President

Dated: 06/25/2021



ADDENDUM TO DECLARATIONS SCHEDULE OF FORMS

This policy comprises the following forms:

Form#	Form Name
BRX036 1CR	Policy Jacket
SBC-PPH-DEC-032020	Declarations Page
SBC-PPH-002-012019	Professional Protection Policy - Healthcare - Occurrence
SBC-PPH-001-CA-012019	State Amendatory
BRX030 2CR	Terms and Conditions



Professional Protection Policy – Healthcare Coverage Part

OCCURRENCE

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Professional Protection Policy – Healthcare Coverage Part

OCCURRENCE

THIS IS AN OCCURRENCE POLICY. PLEASE READ THE ENTIRE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES AND WHAT IS AND IS NOT COVERED. DEFENSE COSTS ARE IN ADDITION TO THE LIMITS OF INSURANCE.

Throughout this policy the words “you” and “your” refer to the “named insured” shown in the Declarations and any other person or organization qualifying as an “insured” under this policy.

The words “we”, “us” and “our” refer to the Company providing this insurance. Headings are provided solely for convenience and do not confer coverage.

In consideration of the payment of the premium and subject to the statements in the Declarations and in the application submitted to us for this policy together with any written materials attached thereto and submitted to us, the parties agree as follows:

COVERAGE AGREEMENTS

PROFESSIONAL LIABILITY COVERAGE

We will pay “defense costs” and “damages” resulting from a “claim” against you because of a “Medical Malpractice Incident” caused by your performance of “professional services” or a “Good Samaritan Act”; provided that:

- The “Medical Malpractice Incident” first occurs during the “policy period”;
- You report the “claim”, whenever made, to us in accordance with the Reporting of Claims section of the policy;
- Prior to the inception of the “policy period”, no “insured”:
 - knew or had a basis to know of any “medical malpractice incident”, “related incident” or any other circumstance that could reasonably be expected to give rise to the “claim” hereunder; or
 - had given notice to any insurer of any “related claim” or circumstance underlying such “claim” or “related claim”; and
- The “claim” is made within the United States but may arise from a “medical malpractice incident” occurring anywhere in the world.

Payment of “damages” will be subject to the applicable Limit of Insurance. All “defense costs” are paid in addition to, and will not reduce, the Limit of Insurance.

COVERAGE EXTENSIONS

Payments made under these Coverage Extensions are in addition to, and will not reduce, the Limits of Insurance shown in the Declarations.

A. Reputation Protection Coverage



We will retain a public relations consultant or crisis management consultant on your behalf and pay reasonable and necessary costs, expenses and fees incurred to engage such consultant to respond to a “reputation threat” in connection with any otherwise covered “claim”.

The maximum amount payable under this Coverage Extension is \$50,000 per “claim”.

B. Board Action Defense Coverage

We will pay on your behalf all reasonable and necessary costs, expenses and fees to retain counsel to represent you in connection with the investigation or defense of a “board action” initiated against you in connection with your conduct within the profession stated in the Declarations, provided that:

- The alleged conduct giving rise to the “board action” first occurs during the “policy period”;
- The “board action” is reported to us as soon as you receive notice of such action; and
- Prior to the inception of the policy, no “insured” had any knowledge of any circumstances that could reasonably be expected to give rise to such action.

The maximum amount payable under this Coverage Extension is \$25,000 per “policy period”. No “damages”, fines, penalties or other amounts are covered under this extension.

C. Wage Loss/Deposition Expense Coverage

We will reimburse you for actual lost wages and reasonable and necessary costs and expenses incurred by you to attend any deposition, trial, hearing, or arbitration proceedings at our request in connection with the defense of a covered “claim” against you.

The maximum amount payable under this Coverage Extension is \$1,000 per day.

D. HIPAA Violation Coverage

We will pay “defense costs” and those sums that you become legally obligated to pay as “HIPAA fines and penalties” resulting from a “HIPAA proceeding” initiated against you in connection with your “professional services”.

This insurance applies only if:

- The alleged violation giving rise to the “HIPAA proceeding” first occurs during the “policy period”;
- The “HIPAA proceeding” is reported to us as soon as you receive notice of the proceeding; and
- Prior to the inception of the policy, no “insured” had any knowledge of any circumstances that could reasonably be expected to give rise to such proceeding.

The maximum amount payable under this Coverage Extension is \$25,000 per “policy period”.

DEFENSE AND SETTLEMENT

We have the right and duty to defend, investigate, and settle any “claim,” even if the “claim” is groundless, false or fraudulent. We will retain counsel to represent you in connection with such “claim.”

We may negotiate and settle any “claim” as we deem expedient; however, we will not commit to any settlement without the written consent of the “named insured”. If the “named insured” refuses to consent to any settlement acceptable to the claimant that we recommend, then, subject to the Limits of Insurance shown in the Declarations, our liability for such “claim” will not exceed the amount for which such “claim” could have been settled plus “defense costs” up to the date the “named insured” refused to settle such “claim”.



Our obligation to defend and to pay “defense costs” or “damages” in connection with any “claim” or other amounts under this policy ends once the applicable Limit of Insurance has been exhausted.

We have the right but not the duty to appeal any judgment.

LIMITS OF INSURANCE

- The Aggregate Limit of Insurance shown in the Declarations is the most we will pay for all “damages” under this policy listed regardless of the number of “claims” made. This Limit of Insurance shall apply separately to each “named insured”.
- Subject to the applicable Aggregate Limits of Insurance, the Each Claim Limit of Insurance shown in the Declarations is the most we will pay for all “damages” under the policy for one “claim” or all “related claims.”
- “Defense costs” will be paid in addition to the Limits of Insurance shown in the Declarations and will not reduce the Limits of Insurance.

REPORTING OF CLAIMS

Reporting a Claim

You must, as a condition precedent to your rights under this policy with respect to a “claim”, notify us as soon as practicable after you first receive notice of such “claim”. To the extent possible, notice should include: how, when and where the incident or conduct giving rise to “claim” took place and the names of any persons or entities involved in the facts underlying the “claim.”

EXCLUSIONS

This policy does not apply to any “claim”, action, or proceeding:

Abuse or Sexual Misconduct

based upon or arising from any actual or alleged physical or mental forms of abuse, including, for example, physical assault or battery, molestation, mental abuse, sexual assault or inappropriate contact, and sexual or other harassment. This exclusion will not apply unless or until such conduct has been determined by judgment, final ruling, or admission in any judicial proceeding, administrative or alternative dispute resolution proceeding. Providing a defense until the conduct is adjudicated does not mean we waive any of our rights under this policy. We are not required to appeal any such adjudication, judgment or ruling.

Confidential or Personal Information Disclosure and Electronic Data Exclusion

based upon or arising from any unauthorized access to, use or disclosure of, or the failure to protect non-public, confidential, corporate or personal information in any form, including any type of electronic data, or to which any cyber insurance coverage applies, including coverage for network security and data breach response. This exclusion does not apply to an otherwise covered “HIPAA proceeding.”

Contractual Liability

based upon or arising from any actual or alleged liability under any oral or written contract or agreement, including but not limited to express warranties or guarantees; however, this exclusion shall not apply to your liability that exists in the absence of such contract or agreement.

Cosmetic Procedures

based upon or arising from any “cosmetic procedures”.



Employment Matters

based upon or arising from any actual or alleged employment obligations, decisions, practices, or policies as an employer.

Intentional Wrongdoing

based upon or arising from any actual or alleged dishonest, fraudulent, criminal, malicious or intentional act committed by or at the direction of any "insured", including, but not limited to, the willful or reckless violation of any statute, regulation, or other law. This exclusion will not apply unless or until such conduct has been determined by judgment, final ruling, or admission in any judicial proceeding, administrative or alternative dispute resolution proceeding. Providing a defense until the conduct is adjudicated does not mean we waive any of our rights under this policy. We are not required to appeal any such adjudication, judgment or ruling.

ERISA, Workers' Compensation and Similar Laws

based upon or arising out of any of the following:

- The Employee Retirement Income Security Act of 1974 (including amendments relating to the Consolidated Omnibus Budget Reconciliation Act of 1985), or any amendment or revision thereto;
- Any workers' compensation, disability benefits or unemployment compensation law; or
- Any other statute, regulation, or law similar to those stated above.

Loading or Unloading

based upon or arising from the ownership, use, care of, operation of, lease or rental, the loading or unloading of patients or property from, the transportation of patients in, or the entrustment to others in an auto, mobile equipment, watercraft or aircraft, including an auto, mobile equipment, watercraft or aircraft which is loaned to or operated for the "named insured" by its "employee", including an auto owned by an "employee".

Licensing

based upon or arising from any actual or alleged any "professional services" you provide without a valid and active license, credentials, certification, or other form of authorization to the extent required by applicable state, federal or local law, rule or regulation.

Related Entities Claims

brought or maintained by or on behalf of:

- any "insured" or associated entity of an "insured";
- any person who, at the time of the "medical malpractice incident" giving rise to the "claim", is a family member;
- any entity operated or controlled by any "insured";
- any "employee", partner or trustee of any "insured"; or
- any person or entity in which any "insured" has a direct or indirect financial interest or is advised or induced by the "insured" to invest in or lend money to any person, firm, company or entity referred to above or to the "insured".

Return of Fees and Reperformance

for the return or withdrawal of any fees or charges or seeking reperformance or correction of any services.

Unauthorized Collection or Communication



based upon or arising from the unauthorized or unlawful collection or recording of material, data, or information in any form, or unauthorized communication to third parties by an “insured”. This exclusion does not apply to an otherwise covered “HIPAA proceeding.”

CONDITIONS

Assignment

Your rights and duties under this policy may not be transferred or assigned without our written consent. If you die or are legally declared bankrupt, your rights and duties will be transferred to your legal representative, but only while acting within the scope of duties as your legal representative.

Assistance and Cooperation

You must cooperate with us and provide us all information which we reasonably request, including, but not limited to, attending hearings, depositions, and trials and assistance in effecting settlements, securing and giving evidence, obtaining the attendance of witnesses and conducting the defense of any “claim” or other proceeding covered by this policy. You must do nothing that may prejudice our position.

No “insured” will, except at that “insured’s” own cost, voluntarily make a payment, assume any obligation, or incur any expense in connection with a “claim” except at our request or prior consent.

Authorization; Changes to Policy

The “named insured” that is listed first on the Declarations is authorized to act on behalf of all other “insureds” with respect to the giving and receiving of any notice provide for in this policy, including notice of cancellation or nonrenewal, the payment of premiums, the receipt of any return premiums, and the agreement to and acceptance of changes to the policy.

By acceptance of this policy, the “insureds” and we agree that this policy (including the Declarations and application) and any written endorsements attached hereto constitute the entire agreement between the parties. This policy can be changed only by endorsement to the policy.

Cancellation and Renewal

1. Cancellation

- a. The “named insured” that is listed first on the Declarations may cancel this policy by sending us notice of cancellation at the address on the Declarations. Such notice must indicate the effective date of cancellation.
- b. We may cancel this policy for any reason allowable by state law. If we cancel, we will provide notice of cancellation to the “named insured” at the address stated on the Declarations. If we cancel because of non-payment of premium, we will notify the “named insured” at least ten days before the effective date of cancellation when the cancellation is to take effect. If we cancel for any other reason, we will notify the “named insured” at least 60 days before the effective date of cancellation when the cancellation is to take effect.
- c. We will send the “named insured” any applicable refund of premium at the address shown on the Declarations as soon as practicable thereafter. Cancellation will be effective even if no premium refund is available.

2. Non-Renewal



If we decide not to renew this policy, we will notify the “named insured” of our decision at least 60 days prior to the effective date of renewal. If notice is mailed, proof of mailing will be sufficient proof of notice.

Change in Operations or Profession

In the event of a merger, acquisition, or change in ownership involving the “named insured” or if the nature of your operations or “professional services” materially changes, you must notify us of such change as soon as practicable. There will be no coverage under this policy for any such change until we have approved the change in writing, and any additional premium adjustment is satisfied.

Legal Actions Against Us

No person or entity has a right under this policy to join us as a party or otherwise bring us into a suit asking for “damages” from you or to sue us under this policy unless all its terms have been fully complied with. A person or entity may sue us to recover on an agreed settlement or on a final judgment against you, but we will not be liable for “damages” that are not payable under this policy or that exceed the applicable Limits of Insurance of this policy.

Other Insurance

All amounts payable under this policy will be specifically excess of, and will not contribute with, any other valid and collectible professional liability insurance, including any employer provided professional liability insurance; and any other valid and collectible liability insurance; or any self-insured retention, fund or trust established by your employer for the purposes of paying losses or damages.

Representations

By accepting this policy, you agree that the statements in the Declarations and application and any written materials attached thereto are accurate and complete, those statements are based upon representations you made to us, and we have issued this policy in reliance upon your representations.

This policy is void in any case of fraud or misrepresentation or concealment of a material fact relating to your application or to a “claim”. We also reserve the right to decline coverage for any “claim” or proceeding involving any material facts that were misrepresented by you, whether at the time of notice of such “claim” or in your application to us for this insurance.

Separation of Insureds

Except with respect to rights or duties specifically assigned to the first “named insured” shown in the Declarations and the Limits of Insurance, this policy applies as if each “named insured” were the only “named insured;” and separately to each “insured” against whom a “claim” is made.

Severability

As respects the representations made in the application for this policy, and in determining an “insured’s” knowledge or conduct throughout the policy:

- the conduct or knowledge of a natural person “insured” will not be imputed to any other natural person “insured”;
- however, the conduct or knowledge of a natural person “insured” who is an owner, principal, or partner of an “insured” organization, or who is the person who signed the application for this insurance, will be imputed to the organization.

Subrogation and Transfer of Rights of Recovery



If we make any payment under this policy, we shall be subrogated to all of your rights against any person or entity, including the right to participate with you in the exercise of all of your rights of recovery. You shall deliver instruments and papers to us and do whatever else is necessary to secure such rights.

Violation of Economic or Trade Sanctions

If any coverage provided under this policy would be in violation of any applicable economic or trade sanctions, including but not limited to, sanctions administered and enforced by the United States Treasury Department's Office of Foreign Assets Control ("OFAC"), then that coverage shall be null and void.

DEFINITIONS

"Board action" means a hearing or review maintained by any state, federal, or other administrative authority responsible for setting professional standards and regulating your professional conduct. Multiple "board actions" involving the same conduct, or logically or causally related conduct, will be deemed to be a single "board action".

"Bodily injury" means bodily injury, sickness or disease sustained by a person, including death, mental anguish, mental injury, shock or humiliation resulting from any of these at any time.

"Claim" means:

- a written demand against an "insured" for monetary or non-monetary (including injunctive) relief, including a request to toll any statute of limitations, or to engage in arbitration or mediation; or
- a civil proceeding against an "insured" for monetary or non-monetary (including injunctive) relief which shall be deemed first made upon the service of a complaint or similar pleading upon the "insured"; or
- any form of notice of an act, error or omission in your performance of "professional services" for which you reasonably believe another party intends to hold you legally liable.

Criminal proceedings are not covered.

"Cosmetic procedures" means any service or treatment primarily intended to improve, alter, or enhance a person's appearance.

"Damages" mean a monetary judgment, award or settlement, including punitive and exemplary damages, that an "insured" becomes legally obligated to pay because of a "claim" (but only to the extent insurable by law).

"Damages" includes pre-judgment and post-judgment interest awarded against you on that part of the judgment we pay. "Damages" does not include:

- fines, taxes, or penalties;
- claimant attorney fees, costs or expenses;
- amounts the "insured" is legally absolved from payment; or
- any amount not insurable under applicable state law.

"Defense costs" means those reasonable and necessary fees, costs and expenses incurred by us or by the "insured" at our request in the defense or investigation of any "claim", including the costs of an appeal bond, attachment bond or similar bond (although we are not obligated to apply for or furnish such bond). "Defense costs" do not include any salaries, wages, overhead, benefits, benefit expenses or internal charges associated with any "insured", or any fees, costs or expenses incurred by an "insured" prior to the time the "claim" is reported to us.



“Employee” means a person who is hired by you or on your behalf to perform work under your direction to support your performance of “professional services.” “Employee” includes a temporary worker or volunteer.

“Good Samaritan Act” means emergency first-aid medical services rendered by you to another person without expectation of remuneration or compensation.

“HIPAA Fines and Penalties” means civil fines and penalties you become legally obligated to pay because of a “HIPAA proceeding”.

“HIPAA proceeding” means an administrative proceeding or series of logically or causally related administrative proceedings brought against you by the Department of Health and Human Services or its designee alleging a violation under Health Insurance Portability and Accountability Act of 1996 and amendments thereto (“HIPAA”) or any rules or regulations promulgated thereunder with respect to information pertaining to a patient or client that has been collected, compiled, or provided by you to another.

“Insured” means the “named insured”. In the event of the death, disability, bankruptcy, or financial insolvency of the “named insured,” “insured” will also include such “named insured’s” heirs, executors, administrators, trustees in bankruptcy, assignees or legal representatives, legal spouse or legal domestic partner if a “claim” is made against any of the foregoing persons or entities in their capacity as such.

“Medical Malpractice Incident” means any act, error or omission committed by you resulting in “bodily injury”.

“Named insured” means the person or organization designated as such on the Declarations.

“Policy period” means the period of time from the inception date shown in the Declarations to the effective date of termination of this policy, whether by expiration or cancellation.

“Professional services” means those services the “named insured” performs for others that is within the scope of such insured’s profession shown in the Declarations, and for which the insured is licensed, certified, accredited, trained or qualified to perform, and also means:

- any medical services you provide as part of clinical trials;
- advisory services provided while acting as a member of a formal accreditation, standards review, or similar board or committee related to your profession;
- teaching or proctoring of educational courses to students within your profession;
- healthcare services you provide as a student within your profession’s educational requirements; and
- scheduling and qualifying suitable work assignments for other healthcare providers.

“Related claim” means any “claim” that is based upon or arises from the same “medical malpractice incident” or “related incidents.” All “related claims” will be deemed a single “claim”.

“Related incidents” means all “medical malpractice incidents” logically or causally connected by any fact, circumstance, situation, event, transaction, cause or series of related facts, circumstances, situations, events, transactions or causes.

“Reputation threat” means a “medical malpractice incident” or underlying fact or circumstance that the “named insured” reasonably believes would, if disclosed in a publication, have an adverse impact on the “insured’s” professional reputation.



Endorsement No. 1

Effective at 12:01 a.m. on: 07/01/2021

Policy Number: 47-QAA-018502-01

Additional (or Return) Endorsement Premium: N/A

CALIFORNIA AMENDATORY ENDORSEMENT

It is agreed that:

1. The following is added to the Cancellation and Nonrenewal conditions in the policy and supersedes anything to the contrary:

Special California Cancellation Provisions

However, if this policy has been in effect for sixty (60) days or more, or is a renewal of a policy we issued, we may only cancel this policy based on one or more of the following reasons:

- (1) Non-payment of premium;
- (2) Discovery of fraud or material misrepresentation by:
 - (a) Any "insured" or his or her representative in obtaining this insurance; or
 - (b) You or your representative in pursuing a claim under this policy.
- (3) A judgment by a court or an administrative tribunal that you have violated a California or Federal law, having as one of its necessary elements an act which materially increases any of the risks insured against.
- (4) Discovery of willful or grossly negligent acts or omissions, or of any violations of state laws or regulations establishing safety standards, by you or your representative, which materially increase any of the risks insured against.
- (5) Failure by you or your representative to implement reasonable loss control requirements, agreed to by you as a condition of policy issuance, or which were conditions precedent to our use of a particular rate or rating plan, if that failure materially increases any of the risks insured against.
- (6) A determination by the Commissioner of Insurance that the:
 - (a) Loss of, or changes in, our reinsurance covering all or part of the risk would threaten our financial integrity or solvency; or
 - (b) Continuation of the policy coverage would:
 - (i) Place us in violation of California law or the laws of the state where we are domiciled; or
 - (ii) Threaten our solvency.
- (7) A change by you or your representative in the activities or property of the commercial or industrial enterprise, which results in a materially added, increased or changed risk, unless the added, increased or changed risk is included in the policy.

We will mail or deliver our notice to the "named insured" at the last mailing address known to us. The notice of cancellation will be ten (10) days for reason (1), above, and the notice will be sixty (60) days for reasons (2) – (7), above. Notice of cancellation will also be sent to the producer of record. Notice will state the reason(s) for cancellation.

Special California Nonrenewal Provisions

If we decide not to renew this policy, we will notify the “named insured” shown in the Declarations and the producer of record of the non-renewal not less than sixty (60), but not more than one hundred twenty (120), days before the expiration date of this policy. Notice will state the reason(s) for non-renewal.

2. Wherever the term “spouse” appears in the policy, it shall also mean “registered domestic partner” as that term is defined under California law.

All other terms and conditions of this policy remain unchanged.



Terms & Conditions

I further represent that the statements and particulars made in any and all information provided to Berxi, including information provided on the berxi.com web site, or in documents, supplemental pages, verbal statements, or other attachments for the purposes of my initial or renewal application (collectively, the "Application"), are true, and that I have not knowingly suppressed or misstated any material facts. I acknowledge that Berkshire Hathaway Specialty Insurance Company (BHSI) has relied on the accuracy and completeness of the Application in its decision to issue the policy. I agree to notify BHSI if there are any future material changes in any answer to this Application, including without limitation, any change in professional specialty, affiliation, services, or working arrangement.

Where allowed by state law, I understand that material misrepresentations or omissions made by me on this Application may render my insurance contract null and without effect, or may give BHSI the right to rescind the policy or to deny coverage.

I further understand that BHSI must receive my premium payment as a condition precedent to coverage under my insurance policy. If I have enrolled in an installment payment plan, each payment due must be received by the due date or my policy may be subject to cancellation under the terms of the policy, and I agree to update BHSI with my payment information if it changes during the policy period. Failure to update my payment information may result in a failed payment, which can affect the continuation of coverage. In addition, I understand that any premium payment must be honored by my bank to be considered "received" by BHSI.

If my policy was purchased on my behalf by my employer or any other party, I acknowledge that I must complete the attached form to indicate my authorization for such party to access my account information and to make certain changes affecting my policy. It is important that if my employment status changes I inform Berxi immediately so as to avoid any interruption in coverage.

I also understand that BHSI may wish to contact persons, hospitals, schools, employers, insurance agents, professional liability insurers or other entities to verify and/or ascertain information regarding my credentials and background both prior to and if issued, after the issuance of a contract of insurance. Therefore, I hereby authorize any such person,

hospital, school, employer, insurance agent, professional liability insurer, or other entity to release to BHSI any information pertaining to my application for insurance and, if issued, the contract of insurance issued hereunder.

Fraud Notice to Applicants

Notice: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject the person to criminal and civil penalties.

AL Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

AR, NM and WV Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CO Applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the insurance company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory authorities.

DC Applicants: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

FL Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KS Applicants: Any person who knowingly and with intent to defraud, presents, causes to be presented or prepared with knowledge or belief that it will be presented to or by an



insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto, or who conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

KY Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

LA Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may subject to fines and confinement in prison.

ME Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

MD Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MN Applicants: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NJ Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NY Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OH Applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer,

submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OK Applicants: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OR Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

PA Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TN, VA and WA Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VT Applicants: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Electronic Communications Consent

Berkshire Hathaway Specialty Insurance ("BHSI") and its affiliates and third party service providers may need to provide you with certain communications, notices, agreements, billing statements, or disclosures in writing ("Communications") regarding our products or services ("Services"). Your agreement to this Electronic Communications Consent confirms your ability and consent to receive Communications electronically, rather than in paper form, and to the use of electronic signatures in our relationship with you ("Consent"). If you choose not to agree to this Consent or you withdraw your consent, you may be restricted from using the Services.

Electronic Delivery of Communications and Use of Electronic Signatures

Under this Consent, BHSI may provide all Communications electronically by email, by text message, or by making them accessible via BHSI websites or applications. Communications include, but are not limited to, (1) agreements and policies required to use the Services, (2) payment authorizations and transaction receipts or confirmations, and (3) account statements and history. We may also use electronic signatures and obtain them from you.



System Requirements

To access and retain the electronic Communications, you will need the following:

- A computer or mobile device with Internet or mobile connectivity.
- For website-based Communications, a current web browser that includes 128-bit encryption. Minimum recommended browser standards are Microsoft Internet Explorer version 8.0 and above (see www.microsoft.com/ie for current version), Mozilla Firefox current version (see www.mozilla.com for current version), Apple Safari current version (see www.apple.com/safari for current version), or Chrome current version (see www.google.com/chrome for current version). The browser must have cookies enabled.
- For application-based Communications, a mobile phone operating system that supports text messaging, downloads, and applications from the Apple App Store or Google Play store.
- Access to the email address used to create an account for Berxi or BHSI Services.
- Sufficient storage space to save Communications and/or a printer to print them.
- If you use a spam filter that blocks or re-routes emails from senders not listed in your email address book, you must add to your email address book.

Paper Delivery of Communications

You have the right to receive Communications in paper form. To request a paper copy of any Communication at no charge, please write to the address below specifying in detail the Communication you would like to receive.

Address for Paper Delivery of Communications:

Berxi
c/o Berkshire Hathaway Specialty Insurance
1 Lincoln Street, 23rd Floor
Boston, MA 02111

Withdrawal of Consent to Electronic Communications

You may withdraw your consent to receive electronic Communications at any time, by writing to the BHSI Address. Any withdrawal of your consent will be effective as soon as practicable.

Updating Your Email Address

You can change your email address by logging into berxi.com and updating your account profile.