AMENDMENT TO THE

MEDI-CAL PRIVACY AND SECURITY AGREEMENT (Agreement)

BETWEEN

the California Department of Health Care Services (DHCS) and the

County of Siskiyou,

Department/Agency of Health and Human Services Agency;

parties to the Agreement #19-47, effective on September 1, 2019.

This Amendment entered into by and between the

County of Siskiyou,

Department/Agency of Health and Human Services Agency,
(County Department/Agency) and DHCS, extends the termination date of the Agreement to allow ongoing transmissions of Medi-Cal PII while the renewal of the Agreement is negotiated and finalized between DHCS and the County Departments/Agencies.

AGREEMENTS

DHCS and County Department/Agency mutually agree to modify the following parts of the Agreement as set forth below:

XVIII. TERMINATION

A. The Agreement shall terminate on either March 1, 2024 or upon execution of a successor 2022 PSA, whichever occurs first. The parties can agree in writing to extend the term of the Agreement. County Department/Agency requests for an extension shall be approved by DHCS and limited to no more than a six (6) month extension.

B. **Survival:** All provisions of the Agreement that provide restrictions on disclosures of Medi-Cal PII and that provide administrative, technical, and physical safeguards for the Medi-Cal PII in the County Department/Agency's possession shall continue in effect beyond the termination or expiration of the Agreement, and shall continue until the Medi-Cal PII is destroyed or returned to DHCS.

Except as set forth in this Amendment, the Agreement is unaffected and shall continue in full force and effect in accordance with its terms. If there is conflict between this Amendment and the Agreement, the terms of this Amendment will prevail.

SIGNATORIES

The signatories below warrant and represent that they have the competent authority on behalf of their respective agencies to enter into the obligations set forth in this Amendment.

The authorized officials whose signature appears below have bound their respective agencies to the terms of the Agreement, as modified by this Amendment.

For the County of Siskiyou,

Department/Agency of Health and Human Services Agency,

_____	_____
(Signature)	(Date)
Ed Valenzuela	Chair, Board of Supervisors
(Name)	(Title)

For the Department of Health Care Services,

_____	_____
(Signature)	(Date)
_____	_____
(Name)	(Title)