



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: May 31, 2017

Department: Health Agenda Planning Date: May 25, 2017 Time required: 10 min

Audio/Visual aids

Contact: Scott Richards, Division Director Phone: 503-361-2695

Department Head Signature: [Signature]

TITLE Agreement No. HE-1451-17; Wolf Psychiatric Consulting Services, LLC

Issue, Description & Background Marion County Health Department is renewing Dr. Wolf's agreement as Medical Director for MCHD behavioral health programs. Dr Wolf provides medical and psychiatric oversight services in several Health Department's behavioral health programs. Dr. Wolf shall provide up to twenty (20) hours per week of services to consumers and consultation to behavioral health staff in EASA, New Solutions, CBH, Mission Transition and Adult Behavioral Health programs. The agreement's term is June 1, 2017 through May 31, 2020. Dr. Wolf has been providing these and other similar services to the Health Department since January 2011.

Financial Impacts: Dr. Wolf shall be paid \$165/hr up to \$360,000 over the term of the agreement.

Impacts to Department & External Agencies The Health Department does not anticipate any impacts to other departments or external agencies as a result of this agreement.

Options for Consideration: 1. Approve Wolf Psychiatric Consulting Services, LLC Agreement No. HE-1451-17. 2. Deny approval of Wolf Psychiatric Consulting Services, LLC Agreement No. HE-1451-17. 3. Take no action at this time.

Recommendation: It is the recommendation of the Health Department to approve Wolf Psychiatric Consulting Services, LLC Agreement No. HE-1451-17.

List of attachments: Wolf Psychiatric Consulting Services, LLC Agreement No. HE-1451-17.

Presenter: Scott Richards, Division Director

Copies of completed paperwork sent to the following: (Include names and e-mail addresses.)

Copies to: Linda Wilson, lwilson@co.marion.or.us



Contract Review Sheet

Contract #: HE-1451-17

Person Sending: Linda Wilson Department: Health

Contact Phone #: 503-361-2792 Date Sent: 5-16-17

Contract Amendment# Lease IGA MOU Grant (attach approved grant award transmittal form)

Title: Provide Medical Director services to MCHD's Behavioral Health Programs

Contractor's Name: Michael Wolf MD doing business as Wolf Psychiatric Consulting Services, LLC

Term - Date From: June 1, 2017 Expires: May 31, 2020

Contract Total: \$360,000.00 Amendment Amount: _____ New Contract Total: _____

Source Selection Method: Special Procurement (attach approval) # Rule 50-160

Additional Considerations (check all that apply)

- Board Order # _____
- Incoming Funds
- Independent Contractor (LECS) approval date: _____
- Insurance Waiver (attach)
- Feasibility Determination (attach approved form)
- Federal Funds (attach sub-recipient / contractor analysis)
- Reinstatement (attach written justification)
- Retroactive (attach written justification)

Description of Services or Grant Award:

Robert Michael Wolf, MD provides direction and oversight of all behavioral health system, medical operations, and medical staff whom provide services for psychiatric care to clients of the County's Behavioral Health Medical Program. Dr. Wolf also provides direct psychiatric care to clients enrolled in the County's Behavioral Health programs.

FOR FINANCE USE

Date Finance Received: _____ BOC Planning Date: _____ Date Legal Received: _____

Comments: _____

REQUIRED APPROVALS:

Finance - Contracts _____ Date _____ Risk Manager _____ Date _____

Legal Counsel _____ Date _____ Chief Administrative Officer _____ Date _____

Date _____ To be filed Added to master list

Returned to _____ Department for _____ signatures

SAM Search Results

List of records matching your search for :

Functional Area: Entity Management

Record Status: Active, Inactive

Entity Name: Wolf Psychiatric Consulting Services LLC

Location 1 - State: OREGON

No Search Results

MARION COUNTY
CONTRACT FOR SERVICES # HE-1451-17

This contract is between Marion County (a political subdivision of the State of Oregon) hereinafter called County, and Robert Wolf MD dba Wolf Psychiatric Consulting Services, LLC, an independent medical professional, hereinafter called Contractor.

Contractor agrees to perform, and County agrees to pay for, the services and deliverables described in Exhibit A (the "Work").

1. TERM. This Contract is effective on the date it has been signed by all parties and all required County approvals have been obtained or June 1, 2017, whichever is the later. This Contract expires on May 31, 2020. The parties may extend the term of this Contract provided that the total Contract term does not extend beyond May 31, 2121.

2. CONSIDERATION.

A. The maximum, not-to-exceed compensation payable to Contractor under this Contract, which includes any allowable expenses, is \$360,000. County will not pay Contractor any amount in excess of the not-to-exceed compensation of this Contract for completing the Work, and will not pay for Work performed before the date this Contract becomes effective or after the termination of this Contract. If the maximum compensation is increased by amendment of this Contract, the amendment must be fully effective before Contractor performs Work subject to the amendment.

B. Interim payments to Contractor shall be made in accordance with the payment schedule and requirements in Exhibit A.

3. COMPLIANCE WITH STATUTES AND RULES.

A. County and the Contractor agree to comply with the provisions of this contract and all applicable federal, state, and local statutes and rules. The Catalog of Federal Domestic Assistance (CFDA) number is N/A. The Contractor is designated as Subrecipient relationship Vendor relationship.

Unless otherwise specified, responsibility for all taxes, assessment, and any other charges imposed by law upon employers shall be the sole responsibility of the Contractor. Failure of the Contractor or the County to comply with the provisions of this contract and all applicable federal, state, and local statutes and rules shall be cause for termination of this contract as specified in sections concerning recovery of funds and termination.

County's performance under this Contract is conditioned upon Contractor's compliance with the obligations intended for contractors under ORS 279B.220, 279B.225 (if applicable to this Contract), 279B.230 and 279B.235 (if applicable to this Contract), which are incorporated by reference herein.

B. Contractor must, throughout the duration of this Contract and any extensions, comply with all tax laws of this state and all applicable tax laws of any political subdivision of this state. For the purposes of this Section, "tax laws" includes all the provisions described in subsection 27. C. (i) through (iv) of this Contract.

i. Any violation of subsection B of this section shall constitute a material breach of this Contract. Further, any violation of Contractor's warranty, in subsection 27.3 of this Contract, that Contractor has complied with the tax laws of this state and the applicable tax laws of any political subdivision of this state also shall constitute a material breach of this Contract. Any violation shall entitle the County to terminate this Contract, to pursue and recover any and all damages that arise from the breach and the termination of this Contract, and to pursue any or all of the remedies available under this Contract, at law, or in equity, including but not limited to:

a. Termination of this Contract, in whole or in part;

b. Exercise of the right of setoff, and withholding of amounts otherwise due and owing to Contractor, in an amount equal to State's setoff right, without penalty; and

c. Initiation of an action or proceeding for damages, specific performance, declaratory or injunctive relief. The County shall be entitled to recover any and all damages suffered as the result of Contractor's breach of this Contract, including but not limited to direct, indirect, incidental and consequential damages, costs of cure, and costs incurred in securing replacement services.

C. These remedies are cumulative to the extent the remedies are not inconsistent, and the County may pursue any remedy or remedies singly, collectively, successively, or in any order whatsoever.

4. CIVIL RIGHTS, REHABILITATION ACT, AMERICANS WITH DISABILITIES ACT and TITLE VI OF THE CIVIL RIGHTS ACT. Contractor agrees to comply with the Civil Rights Act of 1964, and 1991, Americans with Disabilities Act of 1990, and Section 504 of the Rehabilitation Act of 1973, and Title VI as implemented by 45 CFR 80 and 84 which states in part, No qualified person shall on the basis of disability, race, color, or national origin be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which received or benefits from federal financial assistance.

5. TIME IS OF THE ESSENCE. Contractor agrees that time is of the essence in the performance of this Contract.

6. FORCE MAJEURE. Neither County nor Contractor shall be responsible for any failure to perform or for any delay in the performance of any obligation under this Contract caused by fire, riot, acts of God, terrorism, war, or any other cause which is beyond the breaching party's reasonable control. Contractor shall, however, make all reasonable efforts to remove or eliminate the cause of Contractor's delay or breach and shall, upon the cessation of the cause, continue performing under this Contract. County may terminate this Contract upon written notice to Contractor after reasonably determining that the delay or breach will likely prevent successful performance of this Contract.

7. FUNDING MODIFICATION.

A. County may reduce or terminate this contract when state or federal funds are reduced or eliminated by providing written notice to the respective parties.

B. In the event the Board of Commissioners of the County reduces, changes, eliminates, or otherwise modifies the funding for any of the services identified, the Contractor agrees to abide by any such decision including termination of service.

8. RECOVERY OF FUNDS. Expenditures of the Contractor may be charged to this contract only if they (1) are in payment of services performed under this contract, (2) conform to applicable state and federal regulations and statutes, and (3) are in payment of an obligation incurred during the contract period.

Any County funds spent for purposes not authorized by this contract and payments by the County in excess of authorized expenditures shall be deducted from future payments or refunded to the County no later than thirty (30) days after notice of unauthorized expenditure or notice of excess payment.

Contractor shall be responsible to repay for prior contract period excess payments and un-recovered advanced payments provided by the County. Repayment of prior period obligations shall be made to the County in a manner agreed on.

9. ACCESS TO RECORDS.

A. Contractor shall permit authorized representatives of the County, State of Oregon, or the applicable audit agencies of the U.S. Government to review the records of the Contractor as they relate to the contract services in order to satisfy audit or program evaluation purposes deemed necessary by the County and permitted by law.

B. Contractor agrees to establish and maintain financial records, which indicate the number of hours of work provided, and other appropriate records pertinent to this contract shall be retained for a minimum of three (3) years

after the end of the contract period. If there are unresolved audit questions at the end of the three-year period, the records must be maintained until the questions are resolved.

10. REPORTING REQUIREMENTS. Contractor shall provide County with periodic reports at the frequency and with the information prescribed by County. Further, at any time, County has the right to demand adequate assurances that the services provided by Contractor shall be in accordance with the Contract. Such assurances provided by the Contractor shall be supported by documentation in Contractor's possession from third parties.

11. CONFIDENTIALITY OF RECORDS.

A. Contractor shall not use, release or disclose any information concerning any employee, client, applicant or person doing business with the County for any purpose not directly connected with the administration of County's or the Contractor's responsibilities under this Contract except upon written consent of the County, and if applicable, the employee, client, applicant or person.

B. Contractor shall ensure that its agents, employees, officers and subcontractors with access to County and Contractor records understand and comply with this confidential provision.

C. If Contractor receives or transmits protected health information, Contractor shall enter into a Business Associate Agreement with County, which shall become part of this Contract, if attached hereto.

D. Client records shall be kept confidential in accordance with ORS 179.505, OAR 309-11-020, 45 CFR 205.50 and 42 CFR Part 2 as applicable.

12. INDEMNIFICATION AND INSURANCE.

A. Contractor shall defend, save, indemnify, and hold harmless the County, its officers, agents, and employees from and against all claims, suits, actions, losses, damages, liabilities, costs and expenses of any nature whatsoever, including attorney fees, resulting from, arising out of, or relating to the activities of Contractor or its officers, employees, subcontractors, or agents under this Contract. Contractor shall have control of the defense and settlement of any claim that is subject to this section. However, neither Contractor nor any attorney engaged by Contractor shall defend the claim in the name of either County or any department of County, nor purport to act as legal representative of either County or any of its departments, without first receiving from County Legal Counsel authority to act as legal counsel for the County, nor shall Contractor settle any claim on behalf of County without the approval of County Legal Counsel. County may, at its election and expense, assume its own defense and settlement.

B. Contractor shall obtain the insurance required under section 23 prior to performing under this Contract and shall maintain the required insurance throughout the duration of this Contract and all warranty periods.

C. County, pursuant to applicable provisions of ORS 30.260 to 30.300, maintains a self-insurance program that provides property damage and personal injury coverage.

13. EARLY TERMINATION. This Contract may be terminated as follows:

A. County and Contractor, by mutual written agreement, may terminate this Contract at any time.

B. County in its sole discretion may terminate this Contract for any reason on 30 days written notice to Contractor.

C. Either County or Contractor may terminate this Contract in the event of a breach of the Contract by the other. Prior to such termination the party seeking termination shall give to the other party written notice of the breach and intent to terminate. If the party committing the breach has not entirely cured the breach within 15 days of the date of the notice, then the party giving the notice may terminate the Contract at any time thereafter by giving a written notice of termination.

D. Notwithstanding section 13C, County may terminate this Contract immediately by written notice to Contractor upon denial, suspension, revocation or non-renewal of any license, permit or certificate that Contractor must hold to provide services under this Contract.

14. PAYMENT ON EARLY TERMINATION. Upon termination pursuant to section 13, payment shall be made as follows:

A. If terminated under 13A or 13B for the convenience of the County, the County shall pay Contractor for Work performed prior to the termination date if such Work was performed in accordance with the Contract. County shall not be liable for direct, indirect or consequential damages. Termination shall not result in a waiver of any other claim County may have against Contractor.

B. If terminated under 13C by the Contractor due to a breach by the County, then the County shall pay the Contractor for Work performed prior to the termination date if such Work was performed in accordance with the Contract.

C. If terminated under 13C or 13D by the County due to a breach by the Contractor, then the County shall pay the Contractor for Work performed prior to the termination date provided such Work was performed in accordance with the Contract less any setoff to which the County is entitled.

15. INDEPENDENT CONTRACTOR.

A. The Contractor is a separate and independently established business, retains sole and absolute discretion over the manner and means of carrying out the Contractor's activities and responsibilities for the purpose of implementing the provisions of this contract, and maintains the appropriate license/certifications, if required under Oregon Law. This contract shall not be construed as creating an agency, partnership, joint venture, employment relationship or any other relationship between the parties other than that of independent parties. The Contractor is acting as an "independent contractor" and is not an employee of County, and accepts full responsibility for taxes or other obligations associated with payment for services under this contract. As an "independent contractor", Contractor will not receive any benefits normally accruing to County employees unless required by applicable law. Furthermore, Contractor is free to contract with other parties for the duration of the contract.

B. **SUBCONTRACTING/NONASSIGNMENT.** No portion of the Contract may be contracted or assigned to any other individual, firm or entity without the express and prior approval of the County.

16. GOVERNING LAW AND VENUE. This Contract shall be governed by the laws of the State of Oregon. Any action commenced in connection with this Contract shall be in the Circuit Court of Marion County. All rights and remedies of the County shall be cumulative and may be exercised successively or concurrently. The foregoing is without limitation to or waiver of any other rights or remedies of the County according to law.

17. OWNERSHIP AND USE OF DOCUMENTS. All documents, or other material submitted to the County by Contractor shall become the sole and exclusive property of the County. All material prepared by Contractor under this Contract may be subject to Oregon's Public Records Laws.

18. NO THIRD PARTY BENEFICIARIES.

A. County and Contractor are the only parties to this Contract and are the only parties entitled to enforce its terms.

B. Nothing in this contract gives or provides any benefit or right, whether directly, indirectly, or otherwise, to third persons unless such third persons are individually identified by name in this Contract and expressly described as intended beneficiaries of this Contract.

19. SUCCESSORS IN INTEREST. The provisions of this Contract shall be binding upon and inure to the benefit of the parties and their successors and approved assigns.

20. MERGER CLAUSE. This Contract and the attached exhibits constitute the entire agreement between the parties.

A. All understandings and agreements between the parties and representations by either party concerning this Contract are contained in this Contract.

B. No waiver, consent, modification or change in the terms of this Contract shall bind either party unless in writing signed by both parties.

C. Any written waiver, consent, modification or change shall be effective only in the specific instance and for the specific purpose given.

21. WAIVER. The failure of any Party to enforce any provision of this Contract shall not constitute a waiver by that Party or any other provision. Waiver of any default under this Contract by any Party shall not be deemed to be a waiver of any subsequent default or a modification of the provisions of this Contract.

22. REMEDIES. In the event of breach of this Contract, the Parties shall have the following remedies:

A. If terminated under 13C by County due to a breach by the Contractor, the County may complete the Work either itself, by agreement with another Contractor, or by a combination thereof. If the cost of completing the Work exceeds the remaining unpaid balance of the total compensation provided under this Contract, then the Contractor shall pay to the County the amount of the reasonable excess.

B. In addition to the remedies in sections 13 and 14 for a breach by the Contractor, County also shall be entitled to any other equitable and legal remedies that are available.

C. If County breaches this Contract, Contractor's remedy shall be limited to termination of the Contract and receipt of Contract payments to which Contractor is entitled.

23. INSURANCE.

A. **REQUIRED INSURANCE.** Contractor shall obtain at Contractor's expense the insurance specified in this section prior to performing under this Contract and shall maintain it in full force and at its own expense throughout the duration of this Contract and all warranty periods. Contractor shall obtain the following insurance from insurance companies or entities that are authorized to transact the business of insurance and issue coverage in Oregon and that are acceptable to County:

i. **WORKERS COMPENSATION.** All employers, including Contractor, that employ subject workers, as defined in ORS 656.027, shall comply with ORS 656.017 and shall provide workers' compensation insurance coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2). Contractor shall require and ensure that each of its subcontractors complies with these requirements.

ii. **PROFESSIONAL LIABILITY.** Covering any damages caused by an error, omission or any negligent acts related to the services to be provided under this Contract. Contractor shall provide proof of insurance of not less than the following amounts as determined by the County:

- Required by County** **Not required by County.**
- \$1,000,000 Per occurrence limit for any single claimant;** and
- \$2,000,000 Per occurrence limit for multiple claimants**
- Exclusion Approved by Risk Manager; Provider is an agent of the County**

iii. COMMERCIAL GENERAL LIABILITY. Covering bodily injury, death and property damage in a form and with coverages that are satisfactory to the County. This insurance shall include personal injury liability, products and completed operations. Coverage shall be written on an occurrence basis. Contractor shall provide proof of insurance of not less than the following amounts as determined by the County:

Required by County Not required by County.

Bodily Injury/Death:

- \$1,000,000 Per occurrence limit for any single claimant; and
- \$2,000,000 Per occurrence limit for multiple claimants
- Exclusion Approved by Risk Manager
- \$500,000 Per occurrence limit for any single claimant
- \$1,000,000 Per occurrence limit for multiple claimant

iv. AUTOMOBILE LIABILITY INSURANCE. Covering all owned, non-owned, or hired vehicles. This coverage may be written in combination with the Commercial General Liability Insurance (with separate limits for "Commercial General Liability" and "Automobile Liability"). Contractor shall provide proof of insurance of not less than the following amounts as determined by the County:

Required by County Not required by County.

Bodily Injury/Death:

- Oregon Financial Responsibility Law, ORS 806.060 (*\$25,000 property damage/\$50,000 bodily injury \$5,000 personal injury*).
- \$500,000 Per occurrence limit for any single claimant; and
- \$1,000,000 Per occurrence limit for multiple claimants
- Exclusion Approved by Risk Manager

B. ADDITIONAL INSURED. The Commercial General Liability insurance required under this Contract shall include Marion County, its officers, employees and agents as Additional Insureds but only with respect to Contractor's activities to be performed under this Contract. Coverage shall be primary and non-contributory with any other insurance and self-insurance.

C. NOTICE OF CANCELLATION OR CHANGE. There shall be no cancellation, material change, potential exhaustion of aggregate limits or non-renewal of insurance coverage(s) without 30 days written notice from this Contractor or its insurer(s) to County. Any failure to comply with the reporting provisions of this clause shall constitute a material breach of Contract and shall be grounds for immediate termination of this Contract by County.

D. CERTIFICATE(S) OF INSURANCE. Contractor shall provide to County Certificate(s) of Insurance for all required insurance before delivering any Goods and performing any Services required under this Contract. The Certificate(s) must specify all entities and individuals who are endorsed on the policy as Additional Insured (or Loss Payees). Contractor shall pay for all deductibles, self-insured retention and self-insurance, if any.

24. NOTICE. Except as otherwise expressly provided in this contract, any communications between the parties hereto or notices to be given hereunder shall be given in writing, to Contractor or County at the address or number set forth below or to such other addresses or numbers as either party may hereafter indicate in writing. Delivery may be by personal delivery, or mailing the same, postage prepaid.

A. Any communication or notice by personal delivery shall be deemed delivered when actually given to the designated person or representative.

B. Any communication or notice mailed shall be deemed delivered five (5) days after mailing. Any notice under this Contract shall be mailed by first class postage delivered to:

To Contractor:
Robert Wolf MD
2574 Edgewater Dr.
Woodburn OR 97071
503 871-9069
Phone No. Email
robwolf68@gmail.com

To County:
Camber Schlag, Procurement & Contracts Manager
Marion County
555 Court Street NE, Suite 5232
P.O. Box 14500
Salem, Oregon 97309
and
Linda Wilson, Sr. Contract Specialist
Marion County Health Department
PO Box 13309
Salem, OR 97309-1309
503-361-2792 lwilson@co.marion.or.us

25. SURVIVAL. All rights and obligations shall cease upon termination or expiration of this Contract, except for the rights and obligations set forth in sections 2, 7, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 25 and 26.

26. SEVERABILITY. If any term or provision of this Contract is declared illegal or in conflict with any law by a court of competent jurisdiction, the validity of the remaining terms and provisions that shall not be affected and the rights and obligations of the parties shall be construed and enforced as if the Contract did not contain the particular term or provision held to be invalid.

27. CONTRACTOR'S REPRESENTATIONS AND WARRANTIES. Contractor represents and warrants to the County that:

A. Contractor has the power and authority to enter into and perform this Contract.

B. This Contract, when executed and delivered, is a valid and binding obligation of Contractor, enforceable in accordance with its terms.

C. Contractor (to the best of Contractor's knowledge, after due inquiry), for a period of no fewer than six calendar years preceding the effective date of this Contract, faithfully has complied with:

i. All tax laws of this state, including but not limited to ORS 305.620 and ORS chapters 316, 317, and 318;

ii. Any tax provisions imposed by a political subdivision of this state that applied to Contractor, to Contractor's property, operations, receipts, or income, or to Contractor's performance of or compensation for any work performed by Contractor;

iii. Any tax provisions imposed by a political subdivision of this state that applied to Contractor, or to goods, services, or property, whether tangible or intangible, provided by Contractor; and

iv. Any rules, regulations, charter provisions, or ordinances that implemented or enforced any of the foregoing tax laws or provisions.

D. Any Goods etc. granted to the County under this Contract, and Contractor's Services rendered in the performance of Contractor's obligations under this Contract, shall be provided to the County free and clear of any and all restrictions on or conditions of use, transfer, modification, or assignment, and shall be free and clear of any and all liens, claims, mortgages, security interests, liabilities, charges, and encumbrances of any kind.

28. CERTIFICATIONS AND SIGNATURE. THIS CONTRACT MUST BE SIGNED IN INK BY AN AUTHORIZED REPRESENTATIVE OF Contractor. The undersigned certifies under penalty of perjury both individually and on behalf of Contractor is a duly authorized representative of Contractor, has been authorized by

Contractor to make all representations, attestations, and certifications contained in this Contract and to execute this Contract on behalf of Contractor.

**MARION COUNTY SIGNATURE
BOARD OF COMMISSIONERS:**

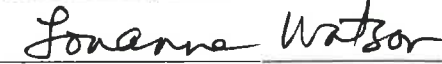
Chair Date

Commissioner Date

Commissioner Date

Authorized Signature:  5/16/17
Cary Moller, Administrator Date

Authorized Signature:  5/9/17
Scott Richards, Division Director

Authorized Signature:  5-16-17
Louanne Watson, Medical Services Supervisor Date
Srv Code _____ Acct _____

Authorized Signature:  5/16/17
Jeremiah Elliott, Admin. Svcs Division Director Date

Reviewed by Signature: _____
Chief Administrative Officer Date

Reviewed by Signature: _____
Marion County Legal Counsel Date

Reviewed by Signature: _____
Marion County Contracts & Procurement Date

WOLF PSYCHIATRIC CONSULTING SERVICES, LLC SIGNATURE

Authorized Signature:  5/12/2017
Date

Title: Psychiatrist

**EXHIBIT A
STATEMENT OF WORK**

1. STATEMENT OF SERVICES. Contractor shall perform Services as described below.

A. GENERAL INFORMATION. Contractor shall provide skilled medical assessment and supervisor of the County's consumers up to twenty (20) hours per week as specified in section 1. B below.

B. REQUIRED SERVICES, DELIVERABLES AND DELIVERY SCHEDULE.

1. Provide direction and oversight of all behavioral health system, medical operations and medical staff including provision of direct services for mental health and co-occurring clients, clinical supervision/consultation for staff and quality assurance activities within the behavioral health treatment system. Performs related work required in providing medical/psychiatric consultation to the Behavioral Health Medical program. This encompasses the following major mental health service areas: Children's Behavioral Health; Adult Behavioral Health; Developmental Disabilities; PCC (Psychiatric Crisis Center); Marion County Residential Programs and any other related areas deemed necessary by the Health Department Administrator.
2. Collaborate with the Medical team to establish standards for psychiatric and medical practices for the major behavioral health medical program areas.
3. Develop and work with the medical team to address training needs of all psychiatrists, nurse practitioners, registered nurses and other allied medical staff.
4. Work closely with the department Administrator and Behavioral Health Division Director(s) in developing immediate and long range planning strategies for individual programs as well as the provision of efficient services and integrated service delivery across all behavioral health and medical programs in the Health Department.
5. Provide community interface: Liaison to state facilities, local hospitals, local mental health providers and other community partnering agencies. Directs and oversees the development and implementation of public information and education activities for the community regarding mental health program areas and services.
6. Collaborate with the Health Officer and Addictions Treatment Medical Director on department wide medical policies and practices.
7. When providing services as the identified Licensed Medical Professional (LMP), review and approve the assessments and services and supports identified in the Individual Service Plan (ISP).
8. As available, provide psychiatric care to clients of Early Assessment and Support Alliance (EASA), New Solutions Programs, Children's Behavioral Health (CBH), Mission Transition (MT), Fostering Attachment Treatment Court (FATC), and Adult Behavioral Health (ABH).
9. Participate in team meetings and monthly supervision with EASA team and national trainers.
10. Provide clinical consultation and direction to the behavioral health psychiatrists and nurse practitioners.
11. Participate in routine quality reviews to ensure fidelity to program standards and positive outcomes for clients.
12. Provide consultation to the EASA, FATC, CBH, MT and ABH staff on diagnostic and treatment issues.
13. Provide case consultation to County's New Solutions Staff for enrolled New Solutions clients. Provide consultation and education to New Solutions staff and other service providers in the areas of medication

management and mental health intervention.

14. Assess the physical, emotional, and development status of individuals and their families.
15. Provide positive interventions to maintain, restore or improve health of the individual or their family.
16. Evaluate the results of treatment intervention based on feedback elicited from the consumer and/or family members, treatment team members, behavioral observations, or other providers.
17. Contribute to revisions of patient/client ISP on the basis of patient/client responses and/or new information regarding appropriate management of specific psychiatric issues.
18. Prescribe and dispense medication according to all rules governed by licensure Drug Enforcement Administration (DEA) and/or as supported by professional guidelines, professional publications or as meets the standards of care in the community.

Provide documentation that meets Medicare, Medicaid and other contracted insurance requirements in paper or electronic (Raintree) form according to County policies and procedures

C. SPECIAL REQUIREMENTS. In addition to Terms and Conditions listed in herein, Contractor shall adhere to the Special Terms and Conditions listed in Exhibit B, incorporate herein and by reference.

Contractor has the skill and knowledge possessed by well-informed members of its industry, trade or profession and Contractor will apply that skill and knowledge with care and diligence and perform Services in a timely, professional and workmanlike manner in accordance with standards applicable to Contractor's industry, trade or profession.

2. **COMPENSATION.** The total amount available for payment to Contractor under Exhibit A, section 2.A and for authorized reimbursement to Contractor under Exhibit A, section 2.C is \$360,000.

A. METHOD OF PAYMENT FOR SERVICES.

County shall pay Contractor \$165.00 per hour up to the total amount available under Exhibit A, section 2.A for completing all Services required under this Contract.

B. BASIS OF PAYMENT FOR SERVICES. County shall pay Contractor upon County's approval of Contractor's invoices submitted to County for completed Services.

C. EXPENSE REIMBURSEMENT. County shall not reimburse Contractor for any expenses under this Contract.

D. GENERAL PAYMENT PROVISIONS. Notwithstanding any other payment provision of this contract, failure of the Contractor to submit required reports when due, or failure to perform or document the performance of contracted services, may result in withholding of payments under this contract. Such withholding of payment for cause shall begin thirty (30) days after written notice is given by the County to the Contractor, and shall continue until the Contractor submits required reports, performs required services or establishes, to the County's satisfaction, that such failure arose out of causes beyond the control, and without the fault or negligence of the Contractor.

E. INVOICES. Contractor shall send all invoices to County at the address specified below or to any other address as County may indicate in writing to Contractor.

Marion County Health Department
Attn: Eva McCammon
3180 Center Street
Salem, OR 97301

EXHIBIT B
SPECIAL TERMS AND CONDITIONS

- A. **MEANINGFUL USE:** Contractor hereby assigns to County all rights to bill and receive payment from patients and third-party payors, including the Medicare and Medicaid Programs, for services rendered by Contractor hereunder and Contractor shall not bill any patient or third-party payor for such services. Contractor shall rapidly complete and sign necessary third-party payor forms to either obtain provider numbers and/or to assign benefits to County. Contractor acknowledges that the amount of fees charged to patients of County and the use of such funds shall be determined in the sole discretion of County. Contractor shall also become a participating provider in any/all plans, contracts, programs which County, in its sole discretion, shall deem appropriate for Contractor participation.

Contractor's assignment of payment to County includes Electronic Health Record (EHR) incentive payments, Contractor shall sign the County's Attestation and Meaningful Use Payment Assignment and Agreement form. Contractor shall comply with the requirements to be eligible to receive EHR incentive payments. The County will be responsible for the EHR and clinical environment to meet meaningful use requirements, which includes assuring adequate resources, training and technical support.

- B. **LICENSURE:** Contractor shall maintain at all times during the term of this agreement any license(s) required by law to perform services under this agreement. Contractor shall provide County with a copy of required license(s).
- C. **CREDENTIALING:** County will assure that verification of licensure is completed through the licensing body's website and/or by phone. If requested, Contractor will provide County with National Plan and Provider Enumeration System (NPPES) Identifier.
- D. **AGENT:** Contractor is an agent of Marion County. County shall indemnify and hold harmless Contractor from damages arising out of the performance of his or her duties under this agreement subject to the limitations and conditions of the Oregon Tort Claims Act, ORS 30.260 through 30.300 and the Oregon Constitution Article XI, Section 7. Extension of this indemnification is subject to Contractor being an insurable risk. Contractor shall complete and return the ATTACHED Attestation for Providers Seeking Agent Status and any other documentation required by the County or its insurance carriers to establish insurability. County will provide 14 days notice in the event that the County or its insurance carrier determines that Contractor is not insurable. In such an event, the contractual assignment of agency status will cease. Contractor will provide Professional Liability coverage for services that may be found to be outside Contractor's duties under this contract.
- E. **MEDICARE/MEDICAID:** Contractor shall notify the County immediately if they opt out of Medicare or Medicaid or any other insurance coverage during the term of their contract with the County.
- F. **CRIMINAL HISTORY CHECK.** County shall perform a criminal history check on Contractor used in any program receiving funding from the OHA, DHS or the Employment Division or is licensed by OHA or the Employment Division and shall not have unsupervised contact with clients prior to approval by the OHA or the Employment Division.
- G. **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA).** The Business Associate Contract Provisions required by the Health Insurance Portability and Accountability Act, of 1996, (HIPAA), as amended, are attached as ADDENDUM #1 to this contract and are incorporated herein.
- H. **FALSE CLAIMS, FRAUD, WASTE AND ABUSE.** Provider shall cooperate with and participate in activities to implement and enforce the County's policies and procedures to prevent, detect and investigate false claims, fraud, waste and abuse relating to Oregon Health Plan, Medicare or Medicaid funds. Provider shall cooperate with authorized State of Oregon entities and Centers for Medicare and Medicaid (CMS) in activities for the prevention, detection and investigation of false claims, fraud, waste and abuse. Provider shall allow the inspection, evaluation or audit of books, records, documents, files, accounts, and facilities as required to

inspection, evaluation or audit of books, records, documents, files, accounts, and facilities as required to investigate the incident of false claims, fraud, waste or abuse. Provider is required to verify that their staff and Providers are not excluded from providing services under this contract funded by Medicare and Medicaid before services are provided. Provider is required to check the following databases for excluded individuals and entities: Excluded Parties List System (EPLS) www.sam.gov

- I. All Attachments and Exhibits referenced below and within this agreement are hereto attached and incorporated into this agreement by this reference. Contractor is to complete and provide to County the following required forms:
 - a. Attestation for providers Seeking Agent Status
 - b. Attestation and Meaningful Use Payment Assignment and Agreement
 - c. Confidentiality Form
 - d. Workforce separation Form
 - e. Behavioral health Documentation Policy 500.16
 - f. Workers Compensation Exemption Certificate
 - g. NPPES – on file
 - h. DEA Certificate – on file
 - i. Copy of current license – on file



Marion County OREGON

ATTESTATION FOR PROVIDERS SEEKING AGENT STATUS

Contracted Medical Provider Attestation

To be completed by the Practitioner when requesting agent status

NAME: Robert Wolf MD DATE: 5/12/2017

Has your license, certification, or registration to practice your profession, Drug Enforcement Administration (DEA) registration, or narcotic registration/certificate in any jurisdiction ever been denied, limited, suspended, revoked, not renewed, voluntarily or involuntarily relinquished, or subject to stipulated or probationary conditions, or have you ever been fined or received a letter of reprimand or is any such action pending or under review? Yes No

If "Yes", please explain:

During the past five years, have any demands for money or suits been brought against you for your professional services? Are you aware of any incidents, which could become a claim or suit that has not been reported to your current insurance carrier?

Yes No

If "yes", please attach information for each demand, suit or incident that includes the following and a recently valued loss summary from your professional liability carrier.

Date of Occurrence:

Claimant Name (or Claim #):

Amount Paid or Reserved:

Insurance Carrier:

Description of Treatment:

Marion County Health Department Attestation and Meaningful Use Payment Assignment and Agreement

I understand that Marion County Health Department has implemented electronic health record (EHR) technology and this complies with the EHR incentive program know as "meaningful use," created by the American Recovery and Reinvestment Act.

I have received a copy of the Marion County Health Department Policy "Electronic Health Records Incentives: Reassigning Provider Payments". I have read and understand the provisions of that policy.

I agree to allow Marion County Health Department to attest on my behalf, using my National Provider Identification Number (NPI) that I implement and demonstrate "meaningful use" of certified EHR technology during my work for Marion County Health Department.

I understand that Marion County Health Department will receive financial incentives based on my agreement, which will prevent me from receiving the same "meaningful use" financial incentives in the future.

I agree I will not attest to "meaningful use" to receive incentive payments for myself or any other person or organization other than Marion County Health Department, so long as I am an employee or contractor of Marion County Health Department.

Robert Wolf MD
Print Name of Provider

R. Wolf 5/12/2017
Signature/Date

CAROL MOURNE
Marion County Health Department
Administrator

[Signature] 5/16/17
Signature/Date



Confidentiality Statement

For purposes of this document: "staff" means any person doing work for the Marion Co. Health Dept, or Agent of County whether paid or unpaid; "client" means a person who receives services or benefits from the Marion County Health Department; "confidentiality" means that property, data or information of a client is not made available or disclosed to any person or other entity that should not have the information; "Department" means the Marion County Health Department. "PHI" means protected health information.

Confidentiality is the preservation, in confidence, of client information or potential client information, which may be received, created, used, maintained or disclosed in a client-staff relationship. The Marion County Health Department is subject to state and federal laws regarding the confidentiality of client information; the Department follows these laws and rules by policy.

All client treatment information records are confidential, including medical and mental health information, which is maintained on paper, or electronically through computerized data systems. This also includes but is not limited to information transmitted via a FAX machine, by telephone, or during any verbal conversations. Confidentiality can be violated by:

- Leaving client files open on desks, on electronic storage media, or on a computer screen unattended or in view of visitors or other unauthorized persons;
- Sending or attaching confidential information using e-mail;
- Discussing confidential information in public places, such as: elevators; public hallways; restaurants; restrooms; on the bus; or at home;
- Casually discussing confidential information with unauthorized persons such as family members or friends;
- Tossing paperwork containing confidential information in a wastebasket or regular recycle bin without shredding;
- Using telephones in the community where others may easily overhear a conversation regarding client information;
- Using or disclosing confidential information for personal gain, commercial gain or for malicious purposes;
- Sharing computer usernames and passwords with co-workers, volunteers, student interns, etc.;
- Disclosing client information without confirming that a valid authorization to disclose is on file or that policy or law allows the disclosure.

Confidential information may be used and disclosed under certain circumstances, for example: the Department uses and discloses confidential information for treatment, payment and health care operations; for reporting abuse and/or neglect; for a medical emergency; if there is a clear danger or threat to health and safety to you or others; a court order release of the information. **Note: If you receive a subpoena for records or receive a telephone call from an attorney, consult with a Supervisor.**

As staff of Marion County Health Department, you are required to be knowledgeable of the Department privacy policies and procedures pertinent to state and federal laws and rules for the Service Area(s) in which you work. You are also responsible to be knowledgeable of changes and/or new privacy policies and procedures.

Under Oregon law, Marion County may be legally liable for your actions, which are within the course and scope of your duties as staff. However, it could be determined that improper use or disclosure of confidential information is outside the course and scope of your duties. As a result, the County could refuse to defend you in any legal action. In addition, any improper disclosure of confidential information may be cause for disciplinary action (subject to County policy), up to and including, termination of employment or separation of service.

My signature below certifies that I have read and fully understand the statements above. I further understand and agree that as staff of Marion County, I have a duty, and will abide by policies, procedures and laws governing the preservation of confidential information. I understand that it is my responsibility to ask a Department Supervisor for clarification of the applicable policies, procedures and laws. When in doubt, I will not disclose any protected health information/confidential information without first consulting with a supervisor.

Robert Wolf MD
Agent Name (Please Print)

Department Designee Date

RW 5/12/2017
Agent Signature Date

Rev.: 03/13



Workforce Separation of Service Client Health Information Statement

Client health information is confidential and protected by Oregon and federal laws. The Marion County Health Department, as a health care provider, is required to follow Oregon and federal laws regarding the protected health information of clients. Client health information that the Marion County Health Department has created, used, disclosed or maintained in its official health care provider capacity is the property of the Marion County Health Department.

Therefore, in addition to signing the *Marion County Health Department Confidentiality Statement*, the workforce staff/agent agrees to the following Statement:

"I will return all client health information to the Marion County Health Department upon separation of service with the Marion County Health Department, on or before the day of separation of service. I know that client health information to be returned includes the following, but is not limited to the following: all paper and electronic original and copied documents; client names; client addresses, client phone numbers; client schedules; client photographs; client correspondence and notes; health care provider notes; health care provider chart and medical records.

I understand and agree that under Oregon and federal law, I am required to keep client health information confidential following my separation from employment or service with Marion County."

My signature below certifies that I have read and fully understand the statement above.

Robert Wolf
Agent Name (please print)

RW
Agent Signature

5/12/2017
Date

Area: Personnel Health	Marion County Health Department	No. 2-43 500.16 Page: 1 of 2 10-12-04 Revised: March 9, 2011
Subject: Behavioral Health Documentation Policy	Prepared by: Scott Richards	Approved by/Date Roderick Calkins <i>Roderick P. Calkins</i>

PURPOSE: The purpose of documenting behavioral health services is to provide a written summary of the treatment modalities and interventions as described in the client's individual services and supports plan, to document a client's progress towards treatment and service goals and to provide written verification of services billed to third-party payers on behalf of a client.

POLICY: It is the policy of Marion County Health Department that Behavioral Health services will be documented by a qualified service provider for each service provided for or on behalf of a client. Documentation will also be provided any time a significant change occurs in a client's condition or any time significant client information is received that may impact treatment. Services that will be billed and/or reported as encounter data will reflect the Medicaid Rehabilitative Procedure Code or the Prevention, Education, & Outreach (PEO) Code definitions.

DOCUMENTATION STANDARDS:

1. Documentation for all clinical services/activities provided in a work week will be completed within five calendar days from the date of service.
2. Documentation will be accurate, complete and reflective of the Medicaid Rehabilitative Procedure Codes and PEO definitions applicable to each service area.
3. Style and composition of documentation will meet the requirements of current Oregon Administrative Rules, payor requirements and best practices relating to each service area.
4. Services will be provided and documented by direct services staff who meet the credentialing criteria specified by each Medicaid Rehabilitative definition.
5. Documentation will be legible and appropriate to applicable professional standards.
6. Documentation review will be included as part of each service area's utilization review process.
7. Each Behavioral Health service area will provide documentation training to direct service staff covering the policy, procedures, standards, acceptable practices, and service definitions.

Training will be the responsibility of the service area Clinical Supervisor. Training will be offered:

- a. Individually to a new staff person within 2 weeks of his/her hire date.
- b. To all service area staff whenever revisions or additions are made by the Office of Addictions and Mental Health, the Health Department, or the Mid-Valley Behavioral Care Network.

- c. After regularly scheduled utilization reviews for staff identified with deficiencies in documentation practices.

CHARTING PROCEDURE:

1. All formats used to document services will include the following information:
 - a. Staff ID - The ID number of the staff providing the service.
 - b. Subprogram - The subprogram (a 3-4 letter code) for the staff providing the service
 - c. Program - The program MHS is used for all Behavioral Health programs.
 - d. Client ID # - The unique client identification number assigned to the client upon enrollment.
 - e. Client Name - The client's first and last name as it appears in the electronic client information system.
 - f. Date - The date the service was delivered to the client.
 - g. Time - The time of day, using military time, that the service occurred.
 - h. Activity Code -The Health Department code used to identify the mental health rehabilitative or PEO service delivered.
 - i. Setting - The location where the service took place.
 - J. Duration - The amount of time, in minutes, it took to deliver the service.

2. The progress note section of service documentation will include:
 - a. The specific service provided.
 - b. The duration of the service provided.
 - c. The date on which the service was provided
 - d. The location of the service.
 - e. The signature and credentials of the person who provided the service.
 - f. Periodic reviews of progress toward intended outcomes, consistent with goals and timelines in the individual service/treatment plan.
 - g. Any significant events or changes in the individual's life circumstances, including mental status, treatment response and recovery status.
 - h. Any decisions to conclude or transfer service.
 - i. Unplanned services that deviate from the service plan shall be noted as such in the service note.

3. A Medication Administration Report (MAR) may be used by Behavioral Health Staff for documenting dispense of specified medications to clients. MARs documentation will be consistent with professional and community standards of care. Information will be added to a client's MAR at each medication dispense. MARs will be maintained in the clinical record or a Medication Book, consistent with applicable administrative rules, for residential programs.

4. Prescribers (LMPs and MDs) will submit dictation for each rehabilitative service or information needing to be added to the clinical record. The dictation will be transcribed using a medically approved format. The information contained in each Prescriber progress note will conform to standard medical practices.

5. An information-only progress note may be used to document information concerning a client that is important information to document but not a billable service. Information-only notes are not processed through Data Entry and are not entered into the electronic client information system. The notes will not generate billing or encounter data nor be included in data reports. Information-only progress notes are submitted directly for filing into the client's clinical record.

I have read and understand the above policy.

MARION COUNTY SERVICES CONTRACT WORKERS' COMPENSATION EXEMPTION CERTIFICATE

Contractor is exempt from the requirement to obtain workers' compensation insurance under ORS Chapter 656 for the following reason (check the appropriate box).

- SOLE PROPRIETOR**
- Contractor is a sole proprietor, and
 - Contractor has no employees, and
 - Contractor will not hire employees or subcontractors to perform this contract.
- CORPORATION - FOR PROFIT**
- Contractor's business is incorporated, and
 - All employees of the corporation are officers and directors and have a substantial ownership interest* in the corporation, and
 - Officers and directors will perform all work; Contractor will not hire other employees or subcontractors to perform this contract.
- CORPORATION - NONPROFIT**
- Contractor's business is incorporated as a nonprofit corporation, and
 - Contractor has no employees; all work is performed by volunteers, and
 - Contractor will not hire employees or subcontractors to perform this contract.
- PARTNERSHIP**
- Contractor is a partnership, and
 - Contractor has no employees, and
 - All work will be performed by the partners; Contractor will not hire employees or subcontractors to perform this contract, and
 - Contractor is not engaged in work performed in direct connection with the construction, alteration, repair, improvement, moving, or demolition of an improvement to real property or appurtenances thereto.**
- LIMITED LIABILITY COMPANY**
- Contractor is a limited liability company, and
 - Contractor has no employees, and
 - All work will be performed by the members; Contractor will not hire employees or subcontractors to perform this contract, and
 - If Contractor has more than one member, Contractor is not engaged in work performed in direct connection with the construction, alteration, repair, improvement, moving, or demolition of an improvement to real property or appurtenances thereto.
- OTHER - NO SUBJECT WORKERS**
- Contractor employs no "subject workers" as that term is defined in ORS 656.027.

Robert Wolf
Contractor Printed Name
Psychiatrist
Contractor Title

[Signature]
Contractor Signature
5/12/2017
Date Signed

*NOTE: Under OAR 436-50-050 a shareholder has a "substantial ownership" interest if the shareholder owns 10% of the corporation, or if less than 10% is owned, the shareholder has ownership that is at least equal to or greater than the average percentage of ownership of all shareholders.

**NOTE: Under certain circumstances, partnerships and limited liability companies can claim an exemption even when performing construction work. The requirements for this exemption are complicated. Consult with County Counsel before an exemption request is accepted from a contractor who will perform construction work.

ADDENDUM NO 1

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE CONTRACT PROVISIONS

INTRODUCTION

This Addendum to the contract between MARION COUNTY, a political subdivision of the State of Oregon, hereinafter called the COUNTY, and WOLF PSYCHIATRIC CONSULTING SERVICES, LLC., hereinafter called CONTRACTOR is required by the Health Insurance Portability and Accountability Act of 1996, (HIPAA), as amended.

WHEREAS, COUNTY will make available or transfer to CONTRACTOR certain information in conjunction with goods or services that are being provided by CONTRACTOR to COUNTY, that is confidential and must be afforded special treatment and protection.

WHEREAS, CONTRACTOR will have access to or receive from COUNTY certain information that can be received, maintained, used or disclosed only in accordance with this Contract and the Department of Health and Human Services Security Rule and Privacy Rule, 45 Code of Federal Regulations (CFR) Parts 160, 162, and 164.

NOW THEREFORE, the parties agree as follows:

1. Definitions.
 - a. BUSINESS ASSOCIATE shall mean WOLF PSYCHIATRIC CONSULTING SERVICES, LLC.
 - b. BREACH means the acquisition, access, use or disclosure of protected health information (PHI) in a manner not permitted under subpart E of the HIPAA Privacy Regulations; 1 found at 45 CFR 164.402 (as amended by the Final HIPAA/HITECH Act Privacy, Security, Breach Notification, and Enforcement Rule, 78 *Federal Register* 5565), which compromises the security or privacy of the protected health information. In the event of any inconsistency between the definition of "Breach" in this Agreement and the definition in the Privacy Regulations, the definition in the Privacy Regulations will control.
 - c. COVERED ENTITY shall mean MARION COUNTY.
 - d. HITECH Act shall mean the Health Information Technology for Economic and Clinical Health Act, Title XIII of the American Recovery and Reinvestment Act Public. Law No. 111-5.
 - e. INDIVIDUAL shall mean the person who is the subject of the information and has the same meaning as the term "individual" defined in 45 CFR 164.501 and includes a person who qualifies as a personal representative pursuant to 45 CFR 164.502 (g).
 - f. PRIVACY RULE shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, Subparts A and E.
 - g. PROTECTED HEALTH INFORMATION shall have the same meaning as the term in 45 CFR 164.501 (as amended by the Final HIPAA/HITECH Act Privacy, Security, Breach Notification, and Enforcement Rule, 78 *Federal Register* 5565), limited to information created or received by BUSINESS ASSOCIATE from or on behalf of Covered Entity.
 - h. REQUIRED BY LAW shall have the same meaning as the term in 45 CFR 164.103.
 - i. SECRETARY shall mean the Secretary of the federal Department of Health and Human Services (HHS) and any other HHS officer or employee with delegated authority.

- j. SECURITY RULE shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 160, and 164, Subparts A and C.
- k. UNSECURED PROTECTED HEALTH INFORMATION shall mean Protected Health Information in any form, including electronic, paper or verbal, that is not rendered usable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary pursuant to the HITECH Act, as such guidance may be updated by the Secretary from time to time.

Terms used, but not otherwise defined, in this Agreement shall have the meaning given the terms in the Health Insurance Portability and Accountability Act (HIPAA) Regulations at 45 CFR 160-164.

2. Term.

The term of the HIPAA obligations under this addendum shall commence as of the effective date of this contract and shall expire when all of the information provided by COVERED ENTITY to BUSINESS ASSOCIATE, or created or received by BUSINESS ASSOCIATE on behalf of COVERED ENTITY, is destroyed or returned to COVERED ENTITY, or if it is infeasible to return or destroy protected health information, protections are extended to the information in accordance with the termination provisions in this contract.

3. Limits on Use and Disclosure.

BUSINESS ASSOCIATE shall not use or disclose protected health information provided or made available by COVERED ENTITY for any purpose other than as expressly permitted or required by this contract or as Required by Law.

4. Permitted Uses and Disclosures by BUSINESS ASSOCIATE.

a. Statutory Duties.

- (1) BUSINESS ASSOCIATE acknowledges that it has a statutory duty under the HITECH Act to, among other duties:
 - (A) effective February 17, 2010, use and disclose Protected Health Information only in compliance with 45 C.F.R. § 164.504(e) (the provisions of which have been incorporated into this Agreement); and
 - (B) effective February 17, 2010, comply with 45 C.F.R. §§ 164.308 ("Security Standards: General Rules"), 164.310 ("Administrative Safeguards"), 164.312 ("Technical Safeguards"), and 164.316 ("Policies and Procedures and Documentation Requirements"). In complying with 45 C.F.R. § 164.312 ("Technical Safeguards"), BUSINESS ASSOCIATE shall consider guidance issued by the Secretary pursuant to Section 13401(c) of the HITECH Act and, if a decision is made to not follow such guidance, document the rationale for that decision.
- (2) BUSINESS ASSOCIATE acknowledges that its failure to comply with these or any other statutory duties could result in civil and/or criminal penalties under 42 U.S.C. §§1320d-5 and 1320d-6.
- (3) As of the effective date of Section 13405(d) of the HITECH Act, BUSINESS ASSOCIATE may not receive direct or indirect remuneration in exchange for Protected Health Information unless permitted by the Act or regulations issued by the Secretary.

b. General Use and Disclosure Provision.

Except as otherwise limited in this contract, BUSINESS ASSOCIATE may use or disclose protected health information to perform the functions, activities or services for, or on behalf of, COVERED ENTITY as specified in the contract between the parties, provided that such use or disclosure would not violate the Security and Privacy Rules if done by the COVERED ENTITY, or the minimum necessary policies of COVERED ENTITY.

c. Permissible Requests by Covered Entity.

COVERED ENTITY shall not request BUSINESS ASSOCIATE to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Regulations if done by Covered Entity.

5. Additional Purposes for Uses and Disclosures by BUSINESS ASSOCIATE.

(a) Except as otherwise limited in this Contract, BUSINESS ASSOCIATE may use protected health information for the proper management and administration of the BUSINESS ASSOCIATE or to carry out the legal responsibilities of the BUSINESS ASSOCIATE.

(b) Except as otherwise limited in this Contract, BUSINESS ASSOCIATE may disclose protected health information for the proper management and administration of the BUSINESS ASSOCIATE, provided that:

(i) The disclosure is Required by Law;

(ii) Reasonable assurances are obtained from the person to whom the information is disclosed that it will remain confidential and be used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person, that the person will use appropriate safeguards to prevent use or disclosure of the information, and that the person immediately notifies BUSINESS ASSOCIATE of any instances of which the confidentiality of the information has been breached per section 6.d of this Contract;

(iii) Except as otherwise limited in this Contract, BUSINESS ASSOCIATE may use protected health information to provide data aggregation services to COVERED ENTITY as permitted by 45 CFR 164.504(e)(2)(i)(B).

(iv) BUSINESS ASSOCIATE may use protected health information to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR 164.502(j)(1).

(v) As of the effective date of Section 13405(d) of the HITECH Act, BUSINESS ASSOCIATE may not receive direct or indirect remuneration in exchange for Protected Health Information unless permitted by the Act or regulations issued by the Secretary.

6. BUSINESS ASSOCIATE Obligations:

a. Limits on Use and Further Disclosure Established by Contract and Law. BUSINESS ASSOCIATE agrees that information provided or made available by COVERED ENTITY shall not be further used or disclosed other than as permitted or required by the Contract or as Required by Law.

b. Appropriate Safeguards. BUSINESS ASSOCIATE agrees to use appropriate safeguards to prevent use or disclosure of the protected health information other than as provided for by this Contract.

c. Mitigation of Harmful Effects. BUSINESS ASSOCIATE agrees to mitigate, to the extent practicable, any harmful effect that is known to BUSINESS ASSOCIATE of the use or disclosure

of protected health information by BUSINESS ASSOCIATE in violation of the requirements of this Contract.

- d. **Reports of Breach.** Per the Health Information Technology for Economic and Clinical Health (HITECH) Act, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 (ARRA) Public. Law 111-5, BUSINESS ASSOCIATE agrees to report to COVERED ENTITY as soon as possible any use or disclosure of the protected health information not provided for by this Contract of which it becomes aware. If a breach of unsecured protected health information occurs at or by a BUSINESS ASSOCIATE, the BUSINESS ASSOCIATE must notify the COVERED ENTITY no later than 60 days from the discovery of the breach. To the extent possible, the BUSINESS ASSOCIATE should provide the COVERED ENTITY with the identification of each individual affected by the breach as well as any information required to be provided by the COVERED ENTITY in its notification to affected individuals.
- e. **Subcontractors and Agents.** BUSINESS ASSOCIATE agrees to ensure that any agent, including any subcontractor, to whom it provides protected health information received from, or created by BUSINESS ASSOCIATE on behalf of COVERED ENTITY agrees in writing to the same terms, conditions and restrictions on the use and disclosure of protected health information as contained in this Contract. BUSINESS ASSOCIATE is required to have Business Associate Agreements with its subcontractors that use protected health information on their behalf. BUSINESS ASSOCIATE is required to obtain satisfactory assurances from its subcontractors that the subcontractor will safeguard protected health information.
- f. **Right of Access to Information.** BUSINESS ASSOCIATE agrees to provide access, at the request of COVERED ENTITY, to protected health information in a Designated Record Set, either to the COVERED ENTITY, or as directed by COVERED ENTITY to an Individual. This right of access shall conform with and meet the requirements of 45 CFR 164.524, including substitution of the words "COVERED ENTITY" with BUSINESS ASSOCIATES where appropriate.
- g. **Amendment and Incorporation of Amendments.** BUSINESS ASSOCIATE agrees to make and incorporate any amendments to protected health information in a Designated Record Set that the COVERED ENTITY directs or agrees to pursuant to 45 CFR 164.526.
- h. **Provide Accounting.** BUSINESS ASSOCIATE agrees to make internal practices, books, and records, including policies and procedures and protected health information 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 COVERED ENTITY, the Secretary, or the Secretary's designee for the purposes of determining compliance with the Security and Privacy Rules.
- i. **Documentation of Disclosures.** BUSINESS ASSOCIATE agrees to document disclosures of protected health information and information related to these disclosures as would be required for COVERED ENTITY to respond to a request by an Individual for an accounting of disclosures of protected health information in accordance with 45 CFR 164.528.
- j. **Access to Documentation of Disclosures.** BUSINESS ASSOCIATE agrees to provide COVERED ENTITY information collected in accordance with Section 6(i) of this Contract, 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 CFR 164.528.
- k. **False Claims, Fraud, Waste and Abuse.** BUSINESS ASSOCIATE shall cooperate with and participate in activities to implement and enforce the COVERED ENTITY'S policies and procedures to prevent, detect and investigate false claims, fraud, waste and abuse relating to Oregon Health Plan, Medicare or Medicaid funds. BUSINESS ASSOCIATE shall cooperate with authorized State of Oregon entities and Centers for Medicare and Medicaid (CMS) in activities for the prevention, detection and investigation of false claims, fraud, waste and abuse.

BUSINESS ASSOCIATE shall allow the inspection, evaluation or audit of books, records, documents, files, accounts, and facilities as required to investigate the incident of false claims, fraud, waste or abuse. BUSINESS ASSOCIATE is required to verify that their staff and contractors are not excluded from providing services under this contract funded by Medicare and Medicaid before services are provided. BUSINESS ASSOCIATE is required to check the following databases for excluded individuals and entities:

Office of Inspector General (OIG) <https://oig.hhsc.state.tx.us/Exclusions/Search.aspx>

Excluded Parties List System (EPLS) www.sam.gov

7. Obligations of COVERED ENTITY.

- a. Limitations in Notice of Privacy Practices. COVERED ENTITY shall notify BUSINESS ASSOCIATE of any limitations in its notice of privacy practices of COVERED ENTITY, in accordance with 45 CFR 164.520, to the extent that the limitation may affect BUSINESS ASSOCIATE'S use or disclosure of protected health information.
- b. Changes in Use or Disclosure of Protected Health Information. COVERED ENTITY shall notify BUSINESS ASSOCIATE of any changes in, or revocation of, permission by Individual to use or disclose protected health information, to the extent that the changes may affect BUSINESS ASSOCIATE'S use or disclosure of protected health information.
- c. Restrictions on Use or Disclosure of Protected Health Information. COVERED ENTITY shall notify BUSINESS ASSOCIATE of any restriction to the use or disclosure of protected health information, that COVERED ENTITY has agreed to in accordance with 45 CFR 164.522, to the extent that the restriction may affect BUSINESS ASSOCIATE'S use or disclosure of protected health information.

8. Permissible Requests by COVERED ENTITY.

COVERED ENTITY shall not request BUSINESS ASSOCIATE to use or disclose protected health information in any manner that would not be permissible under the Security and Privacy Rules if done by COVERED ENTITY, except if the BUSINESS ASSOCIATE will use or disclose protected health information for, and the Contract includes provisions for, data aggregation or management and administrative activities of BUSINESS ASSOCIATE.

9. Security Assurances, the BUSINESS ASSOCIATE will.

- a. Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any electronic Protected Health Information that it creates, receives, maintains, or transmits on behalf of the County as required by the Health Insurance Portability and Accountability Act of 1996 and the requirements of Health Insurance Reform, the Security Standards (45CFR Parts 160, 162 & 164); and, effective February 17, 2010, to comply with the provisions of the Security Rule identified in this Agreement.
- b. Ensure that any agent, including a subcontractor, to whom it provides such information agrees to implement reasonable and appropriate safeguards to protect it;
- c. Report to the County any material attempted or successful unauthorized access, use, disclosure, modification, or destruction of information, interference with system operations in an information system, or any security incident of which it becomes aware;
- d. Authorize termination of the contract by the County, if the County determines that the BUSINESS ASSOCIATE has violated a material term of the contract.

10. Termination of Contract.

- a. Termination for Cause. Upon COVERED ENTITY'S knowledge of a material breach by BUSINESS ASSOCIATE, COVERED ENTITY shall either:
- (1) Provide an opportunity for BUSINESS ASSOCIATE to cure the breach or end the violation and terminate this Contract, if BUSINESS ASSOCIATE does not cure the breach or end the violation within the time specified by COVERED ENTITY;
 - (2) Immediately terminate this Contract, if BUSINESS ASSOCIATE has breached a material term of this Contract and cure is not possible; or
 - (3) If neither termination nor cure is feasible, COVERED ENTITY shall report the violation to the Secretary.
- b. Effect of Termination.
- (1) Except as provided in paragraph (2) of this section, upon termination of this Contract, for any reason, BUSINESS ASSOCIATE shall return or destroy all protected health information received from COVERED ENTITY, or created or received by BUSINESS ASSOCIATE on behalf of COVERED ENTITY. This provision shall apply to protected health information that is in the possession of subcontractors or agents of BUSINESS ASSOCIATE. BUSINESS ASSOCIATE, its subcontractors or agents, shall retain no copies of the protected health information.
 - (2) In the event that BUSINESS ASSOCIATE determines that returning or destroying protected health information is infeasible, BUSINESS ASSOCIATE shall provide to COVERED ENTITY notification of the conditions that make return or destruction infeasible. Upon written notice to COVERED ENTITY that return or destruction of protected health information is infeasible, BUSINESS ASSOCIATE shall extend the protections of this Contract to the protected health information and limit further uses and disclosures of protected health information to those purpose that make the return or destruction infeasible, for so long as BUSINESS ASSOCIATE, its subcontractors or agents maintains protected health information.

11. Miscellaneous Provisions.

- a. Regulatory References. A reference in this Contract to a section in the Security and Privacy Rules means the section as in effect or as amended.
- b. Amendment. The Parties agree to take any action as is necessary to amend this Contract from time to time needed for COVERED ENTITY to comply with the requirements of the Security and Privacy Rules and the Health Insurance Portability and Accountability Act of 1996.
- c. Survival. The respective rights and obligations of BUSINESS ASSOCIATE under Section 10 (b) of this Contract, Effect of Termination, shall survive the termination of this Contract.
- d. Interpretation. Any ambiguity in this Contract shall be resolved to permit COVERED ENTITY to comply with the Security and Privacy Rules.
- e. Entire Agreement. This Contract consists of this Addendum and the Contract, together which constitutes the entire agreement between the Parties. Any alterations, variations, modifications or waivers of any provisions shall be valid only when they have been submitted in writing and approved by the Parties.

12. Qualified Service Organization Contract Provisions.

- a. CONTRACTOR is required to follow the Federal Drug and Alcohol law 42 C.F.R. Part 2, Subchapter A, as amended.
- b. COUNTY will make available or transfer to CONTRACTOR certain information in conjunction with goods or services that are being provided by CONTRACTOR to COUNTY, that is confidential and must be afforded special treatment and protection.
- c. CONTRACTOR will have access to or receive from COUNTY certain information that can be received, maintained, used or disclosed only in accordance with this Contract and the Federal Drug and Alcohol law 42 C.F.R. Part 2, Subchapter A.
- d. CONTRACTOR Shall:
 - (1) Acknowledge that in receiving, storing, processing, or otherwise dealing with any information from the Program about the patients in the Program, it is fully bound by the provisions of the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2; and
 - (2) Undertake to resist in judicial proceedings any effort to obtain access to information pertaining to patients otherwise than as expressly provided for in the federal confidentiality regulations, 42 C.F.R. Part 2.

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
 15630 BOONES FERRY RD STE 5
 LAKE OSWEGO OR 97035-3455



1-800-MY AMFAM (692-6326) | amfam.com

Your Insurance Coverage Summary



0030408126EC100GAA100 013-503 000
 WOLF, ROBERT & KRIS M PATRICK -WOLF
 2574 EDGEWATER DR
 WOODBURN OR 97071-7642

This is not a bill -
 refer to your bill for
 current balance and
 payment options

May 6, 2016

YOUR PROOF OF INSURANCE CARDS ARE ATTACHED BELOW.

Thank you for being our customer. This policy with American Family Mutual Insurance Company is up for renewal. Please review the coverage and limits outlined on this summary to make sure they fit your needs. If you have questions or would like to make any changes to this policy, please contact your American Family agent listed below:

Michael Jenkins Agency, Inc.
 Phone: (503) 699-2575
 E-mail: mjenkin2@amfam.com

<u>Policy Number</u>	<u>Vehicle Description</u>	<u>Renewal Coverage Term</u>
2066-7536-02-75-FPPA-OR	2014 MAZDA CX-5 SPORT	6-9-2016 to 6-9-2017

<u>Discounts Applied to Your Premium</u>	
• Air Bag	• Multiple Vehicle
• Auto & Home Premium Advantage	
Your Discounts Saved You: \$572.60	

Please see reverse side for additional information concerning your policy.

IMPORTANT: Some state laws require that you be able to show the proof of insurance cards provided below.

PLACE IN YOUR VEHICLE	SAVE FOR FUTURE REFERENCE
AMERICAN FAMILY MUTUAL INSURANCE COMPANY 6000 American Pkwy • Madison, WI 53763 CLAIMS: 1-800-MYAMFAM (1-800-692-6326) OREGON MOTOR VEHICLE PROOF OF INSURANCE CARD Policy No: 2066-7536-02-75-FPPA-OR Effective Date: 6-9-2016 Expiration Date: 6-9-2017 2014 MAZD SSP VIN: JM3KE2BE3E0323312 Coverage: BIPD UM UIM COMP COLL PIP WOLF, ROBERT & KRIS M PATRICK -WOLF Agent: Michael Jenkins Agency, Inc. Agent Phone: (503) 699-2576 This card must be carried in the insured motor vehicle RECEIVED TIME LUCI APR. 20. 8:09AM	AMERICAN FAMILY MUTUAL INSURANCE COMPANY 6000 American Pkwy • Madison, WI 53763 CLAIMS: 1-800-MYAMFAM (1-800-692-6326) OREGON MOTOR VEHICLE PROOF OF INSURANCE CARD Policy No: 2066-7536-02-75-FPPA-OR Effective Date: 6-9-2016 Expiration Date: 6-9-2017 2014 MAZD SSP VIN: JM3KE2BE3E0323312 Coverage: BIPD UM UIM COMP COLL PIP WOLF, ROBERT & KRIS M PATRICK -WOLF Agent: Michael Jenkins Agency, Inc. Agent Phone: (503) 699-2576 Use this card with your application for registration of your vehicle.

00000 065225 003040 0000 00000





AmWINS Insurance Brokerage of California, LLC
21550 Oxford Street
Suite 1100
Woodland Hills, CA 91367

amwins.com

CA License No. 00011301

March 1, 2017

Natalie McEwen
Apex Insurance Agency, Inc
411 E. Third Avenue
Suite 300
Eugene, OR 97401

RE: Marion County
Medical Malpractice

MEDICAL MALPRACTICE CONFIRMATION OF COVERAGE

Natalie:

In accordance with your instructions to bind coverage, this Confirmation of Coverage confirms that coverage is bound for your client as follows:

DATE OF ISSUANCE: 3/1/2017

NAMED INSURED: Marion County

MAILING ADDRESS: 325 13th Street
Salem, OR 97309

CARRIER: Lexington Insurance Company
(Non-Admitted in the State of OR, AM Best Rating A XV, Outlook: Negative)

POLICY NUMBER: 6796633

POLICY PERIOD: From 3/1/2017 to 3/1/2018
12:01 A.M. Standard Time at the Mailing Address shown above

POLICY PREMIUM:	\$57,500.00	Premium
	\$1,337.50	Surplus Lines Taxes
	\$58,837.50	Total

COMMISSION:

ENDORSEMENT NO.

This endorsement, effective 12:01 AM:

Forms a part of policy no.:

Issued to:

By:

SCHEDULE OF PHYSICIANS AND/OR OTHER HEALTHCARE PROVIDERS ENDORSEMENT

This endorsement modifies insurance provided by the Policy:

- I. Subparagraph F.3. of Section II. WHO IS AN INSURED of the HEALTHCARE PROFESSIONAL LIABILITY COVERAGE PART does not apply to the following named: physician(s), resident(s), intern(s), extern(s), fellow(s), podiatrist(s), dentist(s), nurse midwife(ves), or certified registered nurse anesthetist(s) (hereinafter referred to as a **healthcare provider(s)**) while acting within the scope of their employment with **you**.
- II. Subparagraph L. is added to Section II. WHO IS AN INSURED of the HEALTHCARE PROFESSIONAL LIABILITY COVERAGE PART.
 - L. A **healthcare provider** under a written contract or written agreement with **you**, but only while performing duties for **you** within the scope of such written contract or written agreement.

Under Section I. and II. above, coverage is provided only for the following **healthcare providers** shown in the Schedule below and only to the extent coverage is provided in such Schedule:

SCHEDULE

<u>HEALTHCARE PROVIDER</u>	<u>SPECIALTY</u>	<u>RETROACTIVE DATE</u> <u>(if applicable)</u>
Lori Linton-Nelson RN	Nurse Practitioner	05/04/2010
Ursula White NP	Psychiatry	11/16/2010
Kay Lynn Dieter MD	Psychiatry	12/01/2010
Michael Robert Wolf MD	Psychiatry	01/01/2011
Sohyon Rahe RN	Nurse Practitioner	05/04/2010
Gilberto de Jesus-Rentas MD	Forensic Psychiatry	05/04/2010
Michael Sholar RN	Nurse Practitioner	05/04/2010
Nathaniel Kravitz RN	Nurse Practitioner	07/16/2010
Jeffrey Luty MD	Family Practice	07/16/2010
James Frederick Miller MD	Psychiatry	07/05/2010

All other terms and conditions of the policy remain the same.



Authorized Representative

Linda Wilson - Re: Fwd: Request For GL Waiver

From: Justine Flora
To: Linda Wilson
Date: 5/16/2017 12:01 PM
Subject: Re: Fwd: Request For GL Waiver
Attachments: Justine Flora.vcf

Linda,
To follow up on our call, I sent the SOW to Bruce to confirm his "agent" status. As long as he is agreeable, I will tentatively approve the GL waiver.

Justine Flora
Benefits and Risk Manager

Marion County Business Services
503-584-7786

CONFIDENTIALITY NOTICE

The information contained in this communication, including attachments is privileged and confidential. It is intended only for the exclusive use of the addressee. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us by telephone immediately. Thank you.

>>> Linda Wilson 5/15/2017 1:55 PM >>>

Hi Justine,
I am renewing Dr. Rob Wolf's contract with Marion County. He is an agent of the County. I have attached a copy of his contract, along with his proof of auto coverage. Could you please waive the requirement for General Liability? thanks,

*Linda Wilson
Senior Contracts Specialist
Marion County Health Department
3180 Center St. NE
Salem, OR 97301
503-361-2792
FAX 503-364-6552*

>>> <MCHhealthadmin@co.marion.or.us> 5/15/2017 1:52 PM >>>