



MARION COUNTY BOARD OF COMMISSIONERS

**Board Session Agenda Review Form**

Meeting date: November 27, 2019

Department: Health & Human Services      Agenda Planning Date: Nov. 14, 2019      Time required: 10 min

☐ Audio/Visual aids

Contact: Cydney Nestor, Division Director      Phone: 503-585-4911

Department Head Signature:  


**TITLE**      Ursula White, PMHNP Contract for Services # HE-3177-19

Issue, Description & Background      Ursula White has been performing Psychiatric Mental Health Nurse Practitioner (PMHNP) services for Health & Human Services Adult Behavioral Health program since November 2010. This contract is a renewal of her current agreement # HE-648-16 which expires November 30, 2019. This renewal Contract; #HE-3177-19 is effective (after signatures of all parties) December 1, 2019 through November 30, 2020 ,with an option for renewal. The Contractor provides services up to thirty-five (35) hours per week at \$100.00 per hour.

Financial Impacts:      Contract for Services #HE-3177-19 is funded \$182,000.00 through the term December 1, 2019 through November 30, 2020.

Impacts to Department & External Agencies      Health & Human Services anticipates no impacts to other departments or external agencies as a result of this agreement.

Options for Consideration:      1. Consider approval of Contract #HE-3177-19 for Ursula White PMHNP services.  
2. Deny approval of Contract # HE-3177-19 for Ursula White PMHNP services.  
3. Take no action at this time.

Recommendation:      Health & Human Services recommends approval of Contract # HE-3177-19 for Ursula White PMHNP services.

List of attachments:      Contract # HE-3177-19 for Ursula White PMHNP services.

Presenter:      Cydney Nestor, 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



Marion County  
OREGON

FINANCE DEPARTMENT

# Contract Review Sheet

Contract #: **HE-3177-19**

Person Sending: **Linda Wilson**

Department: **Health**

Contact Phone #: **503-361-2792**

Date Sent: \_\_\_\_\_

☒ Contract ☐ Amendment# \_\_\_\_\_ ☐ Lease ☐ IGA ☐ MOU ☐ Grant (attach approved grant award transmittal form)

Title: **Provide PMHNP services to Adult Behavioral Health clients**

Contractor's Name: **Ursula J. White**

Term - Date From: **December 1, 2019**

Expires: **November 30, 2020**

Contract Total: **\$182,000.00**

Amendment Amount: \_\_\_\_\_

New Contract Total: \_\_\_\_\_

Source Selection Method: No Quote (NTE \$5,000)

# **Exempt - 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:

**Marion County Health & Human Services is renewing its contract with Ursula J. White for Psychiatric Mental Health Nurse Practitioner (PMHNP) services for the County's Adult Behavioral Health Program. The provider shall perform PMHNP services up to 35 hours per week, at \$100.00 per hour.**

### 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

**MARION COUNTY  
CONTRACT FOR SERVICES #HE-3177-19**

This contract is between Marion County (a political subdivision of the State of Oregon) hereinafter called County, and Ursula White, PMHNP, 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 December 1, 2019 after it has been signed by all parties and all required County approvals have been obtained. This Contract expires on *November 30, 2020*. The parties may extend the term of this Contract provided that the total Contract term does not extend beyond November 30, 2021.

**2. CONSIDERATION.**

A. The maximum, not-to-exceed compensation payable to Contractor under this Contract, which includes any allowable expenses, is **\$182,000.00**. 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.

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/replacement Goods/ a replacement contractor].

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

iii. CYBER LIABILITY. Covering network security, breach of data, and coverage for regulatory fines and fees imposed against County due to failures in products and services provided under this Contract. Cyber Liability coverage must include errors, omissions, negligent acts, denial of service, media liability (including software copyright), dishonesty, fraudulent or criminal acts by a person or persons whether identified or not, intellectual property infringement, computer system attacks, unauthorized access and use of computer system, regulatory actions, and contractual liability.

☐ Required by County ☒ Not required by County.

- ☐ \$2,000,000 Per occurrence limit for any single claimant; and
- ☐ \$5,000,000 Per occurrence limit for multiple claimants
- ☐ Exclusion Approved by Information Technology Director and Risk Manager

iv. 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.

**Minimum Limits:**

- ☐ \$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

v. 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.

**Minimum Limits:**

- ☒ 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:

URSULA WHITE  
2142 NE Multnomah St.  
Portland, OR 97232  
203-705-2159

To County:

Procurement & Contracts Manager  
555 Court Street NE, Suite 5232  
P.O. Box 14500  
Salem, Oregon 97309  
Fax No. 503-588-5237  
and;  
Marion County Health & Human Services  
Attn: Linda Wilson  
3180 Center Street NE, Ste 2100  
Salem, Oregon 97301  
503-361-2792 Fax No. 503-364-6552  
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 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 Items delivered to/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. CRIMINAL HISTORY CHECK.** Contractor shall assure that all staff and volunteers used in any program receiving funding from the OHA or the Employment Division or is licensed by OHA or the Employment Division complete a criminal history check (Attachment C) per ORS 181.534 through 181.537 and shall not have unsupervised contact with clients prior to approval by the OHA or the Employment Division.

**29. 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.

**30. 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 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: [www.sam.gov](http://www.sam.gov)

**31. LICENSURE.** Provider shall maintain at all times during the term of this agreement any license(s) required by law to perform services under this Agreement. Provider shall provide County with a copy of license(s) upon request.

**32. CONFIDENTIALITY.** Provider agrees to sign and adhere to the Marion County Health and Human Services Confidentiality Statement.

**33. 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

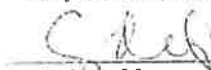
Commissioner

Date


Authorized Signature:

 11/5/19  
Cary Moller, Administrator Date

Authorized Signature:

 11/4/19  
Cydney Nestor, Division Director Date

Authorized Signature:

 11/4/19  
Jeremiah Elliott, Sr. Admin. Srv. Mgr. Date

Authorized Signature:

Chief Administrative Officer Date

Reviewed by Signature:

Marion County Legal Counsel Date

Reviewed by Signature:

Marion County Contracts & Procurement Date

**URSULA WHITE, PMHNP SIGNATURE**

Authorized Signature:

 11/6/19  
Date

Title:

PMHNP

## **EXHIBIT A STATEMENT OF WORK**

**1. STATEMENT OF SERVICES.** Contractor shall perform Psychiatric Mental Health Nurse Practitioner (PMHNP) Services as described below.

A. GENERAL INFORMATION. Contractor shall provide skilled medical assessment and supervision of the County's consumers up to thirty-five (35) hours per week as specified in section 1. B below.

**B. REQUIRED SERVICES, DELIVERABLES AND DELIVERY SCHEDULE.**

1. Provide psychiatric assessment and treatment interventions with individuals who may benefit from medication as part of the Individual Support Plan (ISP) developed at MCHD Adult Behavioral Health.
2. Provide positive interventions to maintain, restore or improve the health of the individual or their family.
3. Evaluate the results of treatment interventions based on behavioral observations and feedback elicited from the individual, family members, significant others and treatment team members.
4. Contribute to revisions of the individual's ISP on the basis of client responses and/or new information regarding appropriate management of specific psychiatric issues.
5. As appropriate, prescribe psychotropic medications or make recommendations for possible medication interventions.
6. Provide consultation and education to staff and other service providers in the areas of medication management and mental health intervention: provide general mental health education to consumers, staff and the community.
7. Work with other health care team members, and community health providers, in the promotion and provision of comprehensive care.
8. Collaborate with team members, supervisors and the Medical Director in the improvement of current services and the development of new services.
9. If recommending inpatient treatment will coordinate with PCC for evaluation and placement/treatment options.
10. 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, incorporated herein and by reference.

Contractor shall be solely responsible for and shall have control over the means, methods, techniques, sequences and procedures of performing the work, subject to the plans and specifications under this Contract and shall be solely responsible for the errors and omissions of its employees, subcontractors and agents.

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 **\$182,000.**

**A. METHOD OF PAYMENT FOR SERVICES.**

County shall pay Contractor **\$100.00** 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 invoice submitted to County for completed Services.

**C. EXPENSE REIMBURSEMENT.** County will 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 & Human Services  
Attn: Eva McCammon  
2045 Silverton Rd. NE, Suite B  
Salem, OR 97301**

**EXHIBIT B**  
**SPECIAL TERMS AND CONDITIONS**

- A. **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.
- B. **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.
- C. **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.
- D. 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. Confidentiality Form
  - c. Workforce separation Form
  - d. Behavioral health Documentation Policy 500.16
  - e. Workers Compensation Exemption Certificate
  - f. DEA Certificate - on file
  - g. Copy of current license – on file

## 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 URSULA WHITE, PMHNP, 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 URSULA WHITE, PMHNP.
- 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; I 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](http://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.

### CERTIFICATION BY INDEPENDENT CONTRACTOR

The undersigned, Ursula White an RN, Psychiatric Mental Health Nurse Practitioner, hereby certifies that he/she is an independent contractor performing services for Marion County based on the following criteria and ORS 670.600:

1. The undersigned is providing services to Marion County, by and through its Health and Human Services department free from direction and control over the manner and means of providing patient care;
2. The undersigned is responsible for maintaining all professional occupational licenses required by the State of Oregon;
3. The undersigned will invoice Marion County for all services performed upon completion of the services or specific portions thereof. The invoice will be on stationery of the undersigned;
4. The undersigned is responsible to file all necessary federal/state income tax returns;
5. The undersigned represents to Marion County that the services are being provided by an independent party who is not an employee of Marion County;
6. The undersigned is a professional, and the undersigned's primary place of business is not the Marion County Department of Health;
7. Marion County represents to the undersigned that the undersigned is an agent of Marion County solely for the purposes of indemnification for providing RN, Psychiatric Mental Health Nurse Practitioner care to clients of the Health and Human Services department under the provisions of the Oregon Tort Claims Act.

CONTRACTOR

MARION COUNTY

Signature

Date

Cary Moller, Administrator Date

Ursula White

Printed Name

PMHNP

Title

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

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

I have received a copy of the Marion County Health and Human Services 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 and Human Services 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 and Human Services Department.

I understand that Marion County Health and Human Services 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 or myself or any other person or organization other than Marion County Health and Human Services Department, so long as I am an employee or contractor of Marion County Health and Human Services Department.

Print Name of Provider

Ursula White

Signature/Date

 11/14/19

Marion County Health & Human  
Services Department Administrator

Cary Moller

Signature/Date

## Confidentiality Statement

*For purposes of this document: "staff" means any person doing work for the Marion Co. Health and Human Services, or Agent of County whether paid or unpaid; "client" means a person who receives services or benefits from the Marion County Health and Human Services; "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 and Human Services. "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 and Human Services 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 and Human Services, 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.

Ursula White

Agent Name (Please Print)

Agent Signature

Date

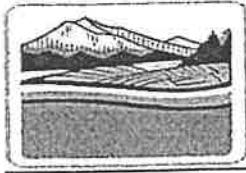
Rev.:

03/13

Department Designee

Date





**Marion County**  
OREGON  
Health & Human Services

## **Workforce Separation of Service Client Health Information Statement**

Client health information is confidential and protected by Oregon and federal laws. Marion County Health & Human Services, 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 & Human Services has created, used, disclosed or maintained in its official health care provider capacity is the property of the Marion County Health & Human Services.

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

**"I will return all client health information to Marion County Health & Human Services upon separation of service with Marion County Health & Human Services, 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.

Ursula White

Agent Name (please print)

Agent Signature

11/4/19

Date

H:\CARS\_Home\CONTRACT\Contract Forms\HR forms re contracts\Workforce Separation of Service form 2018.doc

Rev.: 06/18

Area: Personnel	<h1 style="text-align: center;">Marion County</h1> <h2 style="text-align: center;">Health Department</h2>		No. <b>2.43</b> 500.16
Health			Page: 1 of 2
Subject: Behavioral Health Documentation Policy		Prepared by: Scott Richards	10-12-04 Revised: March 9, 2011 Approved by/Date Roderick Calkins <i>Roderick 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.

Signature

2

Date

11/4/19

**Linda Wilson - Re: Request For GL Waiver; Ursula White PMHNP**

---

**From:** Justine Flora  
**To:** Linda Wilson  
**Date:** 11/5/2019 4:24 PM  
**Subject:** Re: Request For GL Waiver; Ursula White PMHNP  
**Attachments:** Justine Flora.vcf

---

Hi Linda,  
Yes,  
Approved (sorry for the delay)

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 11/5/2019 4:18 PM >>>

Good afternoon Justine,  
I was wondering if you had a chance to review my request for Waiver of Additional Insured for Ursula White?  
Thanks again,  
Linda

---

>>> Linda Wilson 11/4/2019 2:29 PM >>>

Good afternoon Justine,  
I am requesting waiver of General Liability additional insured for Ursula White who provides services to our Adult Behavioral Health program as a contracted Psychiatric Mental Health Nurse Practitioner. She has been providing these services since November 2010. Her current contract expires November 30, 2019.

HHS wishes to renew her agreement for one year, with an option for renewal. Ursula continues to provide her own personal Professional Liability Insurance which also includes General Liability coverage (see attached). She has also provided a copy of her current auto insurance card. All of her contracted services are performed on County property (2045 Silverton Rd. site).

Please approve the waiver of providing the County as an additional insured on her policies.



HEALTHCARE PROVIDERS SERVICE  
ORGANIZATION PURCHASING GROUP

Certificate of Insurance

OCCURRENCE POLICY FORM



Print Date: 05/13/19

PRODUCER	BRANCH	PREFIX	POLICY NUMBER	Policy Period:
018098	970	HPG	0423367936-8	From 06/01/19 to 06/01/20 at 12:01 AM Standard Time

**Named Insured**

Ursula White  
2142 NE Multnomah St  
Portland, OR 97232-2120

**Program Administered by:**

Nurses Service Organization  
1100 Virginia Drive, Suite 250  
Fort Washington, PA 19034-3278  
1-800-247-1500  
www.nso.com/renew

**Medical Specialty**

Psychiatric Nurse Practitioner  
Excludes Cosmetic Procedures

**Code**

80965

**Insurance is provided by:**

American Casualty Company of Reading, Pennsylvania  
333 South Wabash Avenue Chicago, Illinois 60604

**Professional Liability**

\$1,000,000 each claim

\$6,000,000 aggregate

Your professional liability limits shown above include the following:

- Good Samaritan Liability
- Malplacement Liability
- Personal Injury Liability
- Sexual Misconduct included in the PL Limit shown above subject to \$25,000 aggregate sublimit

**Coverage Extensions**

License Protection	\$ 25,000 per proceeding	\$ 25,000 aggregate
Defendant Expense Benefit	\$ 1,000 per day limit	\$ 25,000 aggregate
Deposition Representation	\$ 10,000 per deposition	\$ 10,000 aggregate
Assault	\$ 25,000 per incident	\$ 25,000 aggregate
<i>Includes Workplace Violence Counseling</i>		
Medical Payments	\$ 25,000 per person	\$ 100,000 aggregate
First Aid	\$ 10,000 per incident	\$ 10,000 aggregate
Damage to Property of Others	\$ 10,000 per incident	\$ 10,000 aggregate
Information Privacy (HIPAA) Fines & Penalties	\$ 25,000 per incident	\$ 25,000 aggregate
Media Expense	\$ 25,000 per incident	\$ 25,000 aggregate

**General Liability**


General Liability	\$1,000,000 each claim / \$1,000,000 aggregate
Fire and Water Legal Liability	Included in the GL limit above subject to \$250,000 aggregate sublimit
Personal Liability	\$1,000,000 aggregate

**Total: \$2,434.00**

Premium reflects self-employed, full-time rate.

**Policy Forms & Endorsements** (Please see attached list for a general description of many common policy forms and endorsements.)

G-121500-D G-121501-C CNA82011 G-145184-A G-147292-A CNA81753 CNA81758 GSL13424 GSL15563 GSL15564  
GSL15565 GSL17101 CNA80052 CNA80051 G-123846-C36 CNA89026 CNA89027 CNA79575 G-121504-C

  
Chairman of the Board

  
Secretary

Keep this Certificate of Insurance in a safe place. This Certificate of Insurance and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Form #: G-141241-B (3/2010)

Master Policy: 188711433

## POLICY FORMS & ENDORSEMENTS

The following are the policy forms and endorsements that apply to your current professional liability insurance policy.

### COMMON POLICY FORMS & ENDORSEMENTS

<b>FORM #</b>	<b>DESCRIPTION</b>
G-121500-D	Common Policy Conditions
G-121501-C	Occurrence Policy Form
CNA82011	Healthcare Providers Related Claims Endorsement
G-145184-A	Policyholder Notice - OFAC Compliance Notice
G-147292-A	Policyholder Notice - Silica Mold & Asbestos Disclosure
CNA81753	Cap on Losses from Certified Acts of Terrorism
CNA81758	Offer of Terrorism Coverage - Disclosure of Premium
GSL13424	Services to Animals
GSL15563	Information Privacy Coverage Endorsement HIPAA Fines Penalties & Notification Costs
GSL15564	Sexual Misconduct Sublimits of Liability Professional Liability & Sexual Misconduct Exclusion
GSL15565	Healthcare Providers Professional Liability Assault Coverage
GSL17101	Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies
CNA80052	Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement
CNA80051	Amended Definition of Personal Injury Endorsement
G-123846-C36	Oregon Cancellation and Non-Renewal
CNA89026	Media Expense Coverage
CNA89027	Exclusion of Entity, Employees or Independent Contractors Endorsement
CNA79575	Exclusion of Cosmetic Procedures

### OPTIONAL ENDORSEMENTS

<b>FORM #</b>	<b>DESCRIPTION</b>
G-121504-C	General Liability Form

Self-employed individuals may be eligible for General Liability coverage subject to underwriting approval. Should an individual practitioner's status change from self-employed to employed, general liability coverage will be deleted and replaced with workplace liability. Please contact Nurses Service Organization for details.

Form #: G-141241-B  
Master Policy #: 188711433

Named Insured: Ursula White  
Policy #: 0423367936-8

State Farm



OREGON  
INSURANCE CARD

INSURED WHITE, URSULA J MUTL  
VOL  
POLICY NUMBER 157 4285-A19-37S EFFECTIVE  
YR 2005 MAKE TOYOTA JUL 19 2019 TO JAN 19 2020  
MODEL PRIUS VIN JTOKB20U153039641  
AGENT PAT HEALEY INS AND FIN SVS INC 94A8-AE0  
PHONE (503)635-9200 NAIC 25178

A BODILY INJURY/PROPERTY DAMAGE LIABILITY  
P1 PERSONAL INJURY PROTECTION  
D 50 DEDUCT COMPREHENSIVE  
G 500 DEDUCT COLLISION  
H, R1, U1, S

SEE REVERSE SIDE FOR ADDITIONAL COVERAGE INFORMATION

State Farm



THIS CARD MUST BE CARRIED IN THE INSURED MOTOR  
VEHICLE FOR PRODUCTION UPON DEMAND.  
THE COVERAGE PROVIDED BY THE POLICY MEETS THE  
MINIMUM LIABILITY LIMITS PRESCRIBED BY LAW.

**IF YOU HAVE AN ACCIDENT - NOTIFY THE POLICE IMMEDIATELY**

1. Get names, addresses, and phone numbers of persons involved and witnesses. Also get driver license numbers of persons involved and license plate numbers/states of vehicles.
2. Don't admit fault or discuss the accident with anyone but State Farm or police.
3. Promptly notify your agent, log on to [statefarm.com](http://statefarm.com), or use the State Farm mobile app to file a claim.

For EMERGENCY ROAD SERVICE use the State Farm mobile app, log on to [statefarm.com](http://statefarm.com), or call 1-877-627-5757. EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.

How to identify your coverage - See policy for full name and definition

A Liability	L Physical Damage	U Uninsured Motor Vehicle-BI
C Medical Coverage	P Personal Injury Protection	U1 Uninsured Motor Vehicle-PD
U Comprehensive	R1 Car Rental and Travel Expenses	UNOC Use of Nonowned Cars
G Collision	S Death Dismemberment and	
H Emergency Road Service Loss of Sight		

## 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).

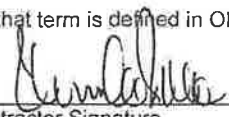
- ☒ **SOLE PROPRIETOR**
- Contractor is a sole proprietor, and
  - Contractor has no employees, and
  - Contractor will not hire employees or subcontractors to perform this contract.
- ☐ **CORPORATION - FOR PROFIT**
- Contractor's business is incorporated, and
  - All employees of the corporation are 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.

Ursula White

Contractor Printed Name

PMHNP

Contractor Title

  
Contractor Signature

11/4/19  
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.