

## STUDENT SUPPORT AGREEMENT

between

**SANTA BARBARA COUNTY**

And

**UCLA CENTER FOR PREHOSPITAL CARE**

---

**THIS AGREEMENT** is made and entered into by and between the COUNTY OF SANTA BARBARA, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and the Regents of the University of California, hereinafter referred to as the "REGENTS" on behalf of the UCLA Center for Prehospital Care, hereinafter referred to as the "INSTITUTION".

### RECITALS

**WHEREAS**, INSTITUTION conducts training and instruction programs for students leading to certification and licensure as Emergency Medical Technicians (EMT) – Paramedics (hereinafter collectively referred to as "STUDENTS") and desires access to opportunities in which STUDENTS can obtain broader clinical learning experiences in cooperation with the COUNTY (hereinafter the INSTITUTION's PROGRAM); and

**WHEREAS**, COUNTY has facilities and professional staff within the COUNTY's Fire Department suitable for the INSTITUTION's PROGRAM; and

**WHEREAS**, it is to the mutual benefit of the parties hereto that STUDENTS have opportunities to use COUNTY Fire Department facilities for the INSTITUTION's PROGRAM; and

**WHEREAS**, COUNTY is willing to allow INSTITUTION to place STUDENTS in the Fire Department for various learning experiences that will include observational and/or hands-on experience.

**NOW, THEREFORE**, in consideration of the mutual covenants and conditions contained herein, the parties agree as follows:

### AGREEMENT

**1) COUNTY shall:**

- a) Provide and maintain facilities, as presently available and as necessary, for INSTITUTION's PROGRAM.
- b) Ensure that staff is adequate in number and quality to provide safe and continuous management of the INSTITUTION's PROGRAM in cooperation with INSTITUTION's instructor.
- c) Provide emergency first aid for any student who becomes sick or injured by conditions arising out of or in the course of student's participation in the INSTITUTION's PROGRAM at COUNTY.
- d) Provide appropriate Personal Protective Equipment to STUDENTS while on medical calls (i.e. gloves, face mask, eye protection, and medical gown).
- e) Have the right, after consultation with INSTITUTION, to discontinue the assignment of any STUDENTS at any time during the period of this Agreement, or refuse to accept for further programs any of INSTITUTION's STUDENTS who, in COUNTY's judgment, are not participating satisfactorily. STUDENTS not following COUNTY policies will be removed from COUNTY

facilities immediately.

- f) Provide required Health Insurance Portability and Accountability (HIPAA) Privacy and Security training to all STUDENTS participating in the INSTITUTION's PROGRAM at COUNTY. COUNTY shall maintain records documenting this training.

2) **INSTITUTION shall:**

- a) In consultation and coordination with COUNTY's representatives, plan the INSTITUTION's PROGRAM to be provided to STUDENTS under this Agreement and, establish a rotational plan for STUDENTS in the INSTITUTION's PROGRAM by mutual agreement between representatives.
- b) In consultation and coordination with COUNTY's staff, arrange for periodic conferences between appropriate representatives of INSTITUTION and COUNTY to evaluate the INSTITUTION's PROGRAM.
- c) Designate the STUDENTS who are enrolled in INSTITUTION to be assigned for the INSTITUTION's PROGRAM at COUNTY, in such numbers as are mutually agreed to by both parties.
- d) Monitor the INSTITUTION's PROGRAM given at COUNTY to the assigned STUDENTS and provide the supervisory instructors available to the STUDENTS related to the INSTITUTION's PROGRAM provided for under this Agreement. Keep all attendance and academic records of STUDENTS participating in the INSTITUTION's PROGRAM.
- e) Require STUDENTS to follow all applicable COUNTY policies, procedures, and regulations, and all COUNTY requirements and restrictions.
- f) Require student to actively participate in the INSTITUTION's PROGRAM as more fully described in Exhibit A attached hereto.
- g) Certify to COUNTY, at the time each student first reports at COUNTY, that STUDENT has complied with the following:
  - 1. Provided evidence of health insurance coverage;
  - 2. Completed training for blood borne pathogens, standard precautions, and respiratory protection. This education and training shall include, but not be limited to, the proper handling of blood and body fluids, preventative measures of exposure to blood and body fluids, and risks concerning the Hepatitis B Virus. INSTITUTION will maintain records documenting this training as well as a letter signed by each student indicating their choice of receiving or not receiving the vaccine to the Hepatitis B virus;
  - 3. Completed an examination for physical fitness. INSTITUTION shall maintain records that student has been immunized against these required communicable diseases: varicella, measles, mumps, rubella, rubeola, Tdap, Hepatitis B, and seasonal influenza;
  - 4. Completed a Tuberculosis test which resulted in a negative tuberculin skin test or negative chest x-ray;
  - 5. Student shall execute the following:
    - A. Confidentiality of Information, Business Equipment Agreement, and Use of Information Technology form;
    - B. Employee Statement Elder and Dependent Adult Abuse Reporting form; and
    - C. Employee Statement Child Abuse Report Chart.
  - 6. If required to drive for internship activities, student shall carry auto liability insurance as required by state law;

7. Each STUDENT shall wear identification and provide their own uniforms;
  8. Each STUDENT assigned shall have successfully completed the Didactic and Hospital portions of the Paramedic program; and
  9. Allow enrollment of UCLA Paramedic program students sponsored by COUNTY under the partner agency fee scale paid for by the STUDENT.
- 
- 3) **WORKERS' COMPENSATION COVERAGE.** STUDENTS are volunteers of COUNTY and are not entitled to workers' compensation coverage. INSTITUTION agrees and understands that no Student shall be permitted to use COUNTY facilities for the INSTITUTION's PROGRAM unless the Student first executes a waiver and release agreement with the County, as attached hereto in Exhibit B.
  - 4) **INDEPENDENT CONTRACTOR.** INSTITUTION and STUDENTS shall perform all of its obligations and responsibilities under this agreement as an independent contractor. Under no circumstances shall INSTITUTION, its officers, employees, agents, and/or STUDENTS be considered the employees, agents, principals, partners or joint ventures of COUNTY. INSTITUTION, its officers, employees, agents, and STUDENTS shall not be entitled to any benefits provided or available to COUNTY employees. INSTITUTION shall be solely responsible for providing all legally-required benefits to its officers, employees, agents and STUDENTS.
  - 5) **INDEMNITY.** INSTITUTION shall be responsible for damages in proportion to and to the extent caused by the negligence of INSTITUTION's officers, agents, employees and STUDENTS occurring in the performance of this Agreement. COUNTY shall be responsible for damages caused by the negligence of its officers, agents, and employees occurring in the performance of this Agreement. It is the intention of INSTITUTION and COUNTY that the provisions of this paragraph be interpreted to impose on each party responsibility for the negligence of their respective officers, agents, employees and STUDENTS.
  - 6) **WAIVER OF SUBROGATION RIGHTS.** INSTITUTION hereby agrees to waive rights of subrogation which any insurer of INSTITUTION may acquire from INSTITUTION by virtue of the payment of any loss. INSTITUTION agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation. The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the COUNTY for all work performed by the INSTITUTION, its employees, agents and subcontractors. This provision applies regardless of whether or not the COUNTY has received a waiver of subrogation endorsement from the insurer.
  - 7) **INSURANCE.** It is understood and agreed that INSTITUTION and COUNTY maintain insurance (self or group) programs to fund their respective liabilities, including professional, general, and auto liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) in the aggregate. Evidence of insurance, certificates of insurance or other similar documentation shall be provided upon request of the other party. If the policy is written on a "claims-made" form, the policy will provide a three (3) year extended reporting period. Each party will be considered an additional covered party on the other party's general liability policy or equivalent program of self-insurance. If required to drive for internship activities, student shall carry auto liability insurance as required by state law.
  - 8) **NO MONETARY OBLIGATION.** There shall be no monetary obligation on INSTITUTION or COUNTY, one to the other.
  - 9) **NONEXCLUSIVE AGREEMENT.** Parties agree that this is not an exclusive Agreement and that each has the right to negotiate with and enter into contracts with others providing the same or

similar services as those described herein.

- 10) **TERM & TERMINATION.** This term of this Agreement shall begin on June 6, 2023 and be in effect for a period of five (5) years, terminating on June 5, 2028. Either party may terminate this agreement after giving the other party thirty (30) days advance written notice of its intention to so terminate.

Prior to expiration, the Fire Chief may extend the term of the Agreement in accordance with Section 13, for additional periods, with each extension up to 12-months, provided that the term does not extend beyond December 31, 2029, upon review and concurrence by County Counsel and Risk Management.

- 11) **NONDISCRIMINATION.** COUNTY hereby notifies INSTITUTION that COUNTY's Unlawful Discrimination Ordinance (Article XIII of Chapter 2 of the Santa Barbara County Code) applies to this Agreement and is incorporated herein by this reference with the same force and effect as if the ordinance were specifically set out herein and INSTITUTION agrees to comply with said ordinance.

- 12) **ASSIGNMENT.** INSTITUTION shall not assign any of INSTITUTION's rights nor transfer any of its obligations under this Agreement without the prior written consent of COUNTY and any attempt to so assign or so transfer without such consent shall be void and without legal effect and shall constitute grounds for termination

- 13) **ENTIRE AGREEMENT AND AMENDMENT.** In conjunction with the matters considered herein, this Agreement contains the entire understanding and agreement of the parties and there have been no promises, representations, agreements, warranties or undertakings by any of the parties, either oral or written, of any character or nature hereafter binding except as set forth herein. This Agreement may be altered, amended or modified only by an instrument in writing, executed by the parties to this Agreement and by no other means. Each party waives their future right to claim, contest or assert that this Agreement was modified, canceled, superseded, or changed by any oral agreements, course of conduct, waiver or estoppel.

- 14) **COMPLIANCE WITH LAW.** INSTITUTION shall, at INSTITUTION's sole cost and expense, comply with all County, State and Federal ordinances and statutes now in force or which may hereafter be in force with regard to this Agreement. The judgment of any court of competent jurisdiction, or the admission of INSTITUTION in any action or proceeding against INSTITUTION, whether COUNTY be a party thereto or not, that INSTITUTION has violated any such ordinance or statute, shall be conclusive of that fact as between INSTITUTION and COUNTY.

- 15) **CALIFORNIA LAW.** This Agreement shall be governed by the laws of the State of California. Any litigation regarding this Agreement or its contents shall be filed in the County of Santa Barbara, if in state court, or in the federal district court nearest to Santa Barbara County, if in federal court.

- 16) **NOTICES.** Any written notice given under this Agreement shall be sent by certified or registered mail to each address below:

To COUNTY:                      Fire Chief  
    4410 Cathedral Oaks Road  
    Santa Barbara, CA 93110  
    805-681-5500

To INSTITUTION: Carmina Lu  
Center Administrator  
UCLA Center for Prehospital Care  
1100 Glendon Ave. Suite 1200  
Los Angeles, CA 90024

With a copy to:  
UCLA Health, Office of Legal Affairs  
924 Westwood Blvd., Suite 505  
Los Angeles, CA 90024

- 17) **SECTION HEADINGS.** The headings of the several sections, and any Table of Contents appended hereto, shall be solely for convenience of reference and shall not affect the meaning, construction or effect hereof.
- 18) **SEVERABILITY.** If any one or more of the provisions contained herein shall for any reason be held to be invalid, illegal or unenforceable in any respect, then such provision or provisions shall be deemed severable from the remaining provisions hereof, and such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this Agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein.
- 19) **NO WAIVER OF DEFAULT.** No delay or omission of either Party to exercise any right or power arising upon the occurrence of any event of default shall impair any such right or power or shall be construed to be a waiver of any such default or an acquiescence therein.
- 20) **EXECUTION OF COUNTERPARTS.** This Agreement may be executed in any number of counterparts and each of such counterparts shall for all purposes be deemed to be an original; and all such counterparts, or as many of them as the parties shall preserve undestroyed, shall together constitute one and the same instrument
- 21) **AUTHORITY.** All signatories and parties to this Agreement warrant and represent that they have the power and authority to enter into this Agreement in the names, titles and capacities herein stated and on behalf of any entities, persons, or firms represented or purported to be represented by such entity(ies), person(s), or firm(s) and that all formal requirements necessary or required by any state and/or federal law in order to enter into this Agreement have been fully complied with. Furthermore, by entering into this Agreement, INSTITUTION hereby warrants that it shall not have breached the terms or conditions of any other contract or agreement to which INSTITUTION is obligated, which breach would have a material effect hereon.
- 22) **SURVIVAL.** All provisions of this Agreement which by their nature are intended to survive the termination or expiration of this Agreement shall survive such termination or expiration.
- 23) **IMMATERIAL AMENDMENTS.** The Fire Chief, or designee, is authorized to make immaterial amendments to the Agreement such as updating the Designated Representative, updating addresses for notices, or other clerical error corrections which will not result in a material change to the Agreement, or total contract amount, in accordance with Section 13 and upon review and concurrence by County Counsel.
- 24) **USE OF NAME.** Neither party shall use the name or logo of the other in any publicity, advertising, or promotional materials, including the names the Regents of the University of California, UCLA, or the University of California, without the prior written consent of the authorized representative of the

other party.

- 25) **MODIFICATIONS AND AMENDMENTS.** This Agreement may be amended or modified at any time by mutual written consent of the COUNTY and INSTITUTION.
- 26) **PATIENT RECORDS.** Any and all of COUNTY'S medical records and charts created at COUNTY'S facilities as a result of performance under this Agreement shall be and shall remain the property of COUNTY. Both during and after the term of this Agreement, INSTITUTION shall be permitted to inspect and/or duplicate, at INSTITUTION'S expense, any individual charts or records which are: (1) necessary to assist in the defense of any malpractice or similar claim; (2) relevant to any disciplinary action; and/or (3) for educational or research purposes. Such inspection and/or duplication shall be permitted and conducted pursuant to commonly accepted standards of patient confidentiality in accordance with applicable federal, state and local laws.
- 27) **INTERRUPTION OF SERVICE.** Either party shall be excused from any delay or failure in performance hereunder caused by reason of any occurrence or contingency beyond its reasonable control, including, but not limited to, acts of God, acts of war, fire, insurrection, labor disputes, riots, earthquakes, or other acts of nature. In the event the interruption of a party's services continues for a period in excess of thirty (30) days, the other party shall have the right to terminate this Agreement as specified in Section 10.

[This area intentionally left blank. Signatures on next page.]

Student Support Agreement between the **County of Santa Barbara** and The Regents of the University of California on behalf of the UCLA Center for Prehospital Care.

**IN WITNESS WHEREOF**, the parties have executed this Agreement to be effective on the date executed by COUNTY.


**ATTEST:**

Mona Miyasato  
County Executive Officer  
Clerk of the Board

By:   
Deputy Clerk

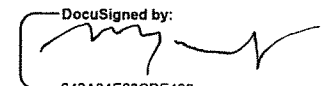
**COUNTY OF SANTA BARBARA:**

Das Williams  
Chair, Board of Supervisors

By:   
Date: 6-6-23

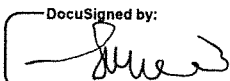
**RECOMMENDED FOR APPROVAL:**

Mark A. Hartwig, Fire Chief / Fire  
Warden  
Fire Department

By:   
Department Head

**APPROVED AS TO FORM:**

Rachel Van Mullem  
County Counsel

By:   
Deputy County Counsel

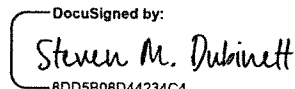
**APPROVED AS TO FORM:**

Greg Milligan  
Risk Management

By:   
Risk Manager

**INSTITUTION**

The Regents of the University of California on behalf of the UCLA Center for Prehospital Care

By:   
Signature

Date: 12-May-2023 | 15:02 PDT

Steven M. Dubinett, MD  
Interim Dean, David Geffen School of Medicine

**EXHIBIT A**  
**Student Learning Experience**

Type of Programs offered by INSTITUTION covered under this Agreement

Subject Area: Paramedic

The degree awarded to School paramedic students is a completion certificate that enables Students to take the national licensure exam to become a Paramedic. Field internships includes care of patients and evaluations of Students by designated Fire Department preceptors. A Pass/Fail grade will be given to students at the end of the internship phase. State law requires a "competent" rating for each category of evaluation by the completion of the field internship phase. Failure to achieve competency will result in academic probation for the student and the creation of an improvement plan. INSTITUTION representatives will be present at Fire Department facilities as needed to assist with remediation, student supervision, discipline, and will coordinate scheduling with Fire Department staff.

INSTITUTION Representative: Cody Smith

Title: Paramedic Program Clinical and Field Manager

*[This area is intentionally left blank.]*



**EXHIBIT B**

**STUDENT WAIVER AND RELEASE AGREEMENT**

In exchange for permission to participate in the \_\_\_\_\_ program which uses the County of Santa Barbara's facilities, (referred to below as "Activity") I hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which hereafter accrue to me, against the County of Santa Barbara its officers, officials, employees, and volunteers (collectively, "County") as a result of my participation in the Activity.

I agree that my participation in the Activity will at all times be as an uncompensated not as an employee of the County, and that I will not receive or claim entitlement to any compensation or benefit of employment.

This release is intended to discharge the County, from and against any and all liability arising out of or connected in any way with my participation in the Activity, even though that liability may arise out of the negligence or carelessness on the part of the County.

I further understand that accidents and injuries can arise out of the event; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless the County who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

I HAVE READ THIS ENTIRE DOCUMENT, AND FULLY UNDERSTAND AND AGREE WITH ITS PROVISIONS.

\_\_\_\_\_  
Name of Volunteer  
(printed)

\_\_\_\_\_  
Signature of Volunteer  
(signed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent or  
Legal Guardian  
(printed)

\_\_\_\_\_  
Signature of Parent  
(signed)

\_\_\_\_\_  
Date

**EXHIBIT C**  
**Agreement to Accept Electronic Signatures**

Pursuant to California Civil Code Section 1633.5(b), the parties hereby voluntarily agree that where this Agreement requires a party signature, an electronic signature, as that term is defined at California Civil Code Section 1633.2(h), shall have the full force and effect of an original ("wet") signature.

A responsible officer of each party has read and understands the contents of this Agreement and is empowered and duly authorized on behalf of that party to execute it.

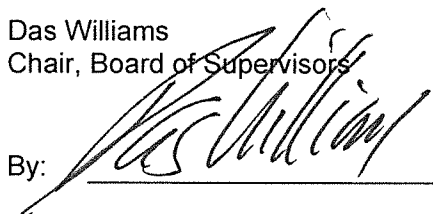
**ATTEST:**

Mona Miyasato  
County Executive Officer  
Clerk of the Board

By:   
Deputy Clerk

**COUNTY OF SANTA BARBARA:**

Das Williams  
Chair, Board of Supervisors

By:   
Date: 6-6-23.

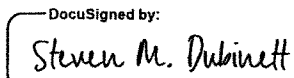
**RECOMMENDED FOR APPROVAL:**

Mark A. Hartwig, Fire Chief / Fire Warden  
Fire Department

By:   
Department Head

**INSTITUTION**

The Regents of the University of California on behalf of the UCLA Center for Prehospital Care

By:   
8DD5B08D44234C4...

12-May-2023 | 15:02 PDT  
Date: \_\_\_\_\_

\_\_\_\_\_  
Steven M. Dubinett, MD  
Interim Dean, David Geffen School of Medicine

**Certificate Of Completion**

Envelope Id: 557A53DE59FE4809873DD5CDFAC55C20	Status: Completed
Subject: Complete with DocuSign: UCLA Santa Barbara Affiliation Agreement Attachment A 051223.docx	
Source Envelope:	
Document Pages: 10	Signatures: 2
Certificate Pages: 4	Initials: 0
AutoNav: Enabled	Envelope Originator:
EnvelopeId Stamping: Enabled	Morgan Fultz
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	10920 Wilshire Blvd # 1700
	Los Angeles, CA 90024-6502
	MFultz@mednet.ucla.edu
	IP Address: 149.142.80.37

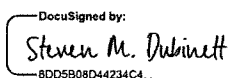
**Record Tracking**

Status: Original	Holder: Morgan Fultz	Location: DocuSign
5/12/2023 1:58:08 PM	MFultz@mednet.ucla.edu	

**Signer Events**

Steven M. Dubinett  
 Sdubinett@mednet.ucla.edu  
 Interim Dean

**Signature**



**Timestamp**

Sent: 5/12/2023 2:02:36 PM  
 Viewed: 5/12/2023 3:02:01 PM  
 Signed: 5/12/2023 3:02:21 PM

UCLA Health – David Geffen School of Medicine  
 Security Level: Email, Account Authentication (None)  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 149.142.103.201

**Electronic Record and Signature Disclosure:**  
 Accepted: 9/11/2021 5:40:10 PM  
 ID: 1325d1e7-02e5-4677-bc54-01014fc5a625

**In Person Signer Events**

**Signature**

**Timestamp**

**Editor Delivery Events**

**Status**

**Timestamp**

**Agent Delivery Events**

**Status**

**Timestamp**

**Intermediary Delivery Events**

**Status**

**Timestamp**

**Certified Delivery Events**

**Status**

**Timestamp**

**Carbon Copy Events**

**Status**

**Timestamp**

**Witness Events**

**Signature**

**Timestamp**

**Notary Events**

**Signature**

**Timestamp**

**Envelope Summary Events**

**Status**

**Timestamps**

Envelope Sent	Hashed/Encrypted	5/12/2023 2:02:36 PM
Certified Delivered	Security Checked	5/12/2023 3:02:01 PM
Signing Complete	Security Checked	5/12/2023 3:02:21 PM
Completed	Security Checked	5/12/2023 3:02:21 PM

**Payment Events**

**Status**

**Timestamps**

**Electronic Record and Signature Disclosure**

## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, UCLA Health (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact UCLA Health:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [DocuSignSupport@mednet.ucla.edu](mailto:DocuSignSupport@mednet.ucla.edu)

### **To advise UCLA Health of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [DocuSignSupport@mednet.ucla.edu](mailto:DocuSignSupport@mednet.ucla.edu) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

### **To request paper copies from UCLA Health**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to [DocuSignSupport@mednet.ucla.edu](mailto:DocuSignSupport@mednet.ucla.edu) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

### **To withdraw your consent with UCLA Health**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to [DocuSignSupport@mednet.ucla.edu](mailto:DocuSignSupport@mednet.ucla.edu) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### **Required hardware and software**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify UCLA Health as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by UCLA Health during the course of your relationship with UCLA Health.