

Purchasing Detail for Record #: CN23946

Order #: CN23946

Replacement# OR Req#: CN23314

Vendor: PACIFIC INTERPRETERS
707 SW WASHINGTON, STE 200
PORTLAND, OR
97205
Ph: 800/311-1232
FAX: 503/445-5643
Contact: MATHEW RAILEY

TaxID: Not Viewable

Order Date: 7/1/2020

Contract Term: 6/30/2021

Purchasing Contact: AMBER ((805)568-2693)

--BILLING-- Fund: 0042 Dept: 041 LIAcct: 7460 Prog: 1365 Org: Proj:

SIGNED

Bill To

300 N SAN ANTONIO RD
SANTA BARBARA , CA
93110

Ship To

CLINIC MANAGER
345 CAMINO DEL REMEDIO
SANTA BARBARA , CA
93110

Detail Line 1

Description: PACIFIC INTERPRETERS/SERVICE CONTRACT

SPECIAL NOTICE TO SUPPLIER : THIS CONTRACT REPLACES YOUR PREVIOUS YEAR CONTRACT #CN23314 WHICH EXPIRES ON JUNE 30TH, 2020. YOU MUST SIGN & RETURN THIS REPLACEMENT CONTRACT, AND YOU MUST REFERENCE THE NEW NUMBER ON ALL INVOICES & CORRESPONDENCE RELATED TO THE DESCRIBED WORK EFFECTIVE JULY 1, 2020.

GENERAL: CONTRACTOR TO PROVIDE OVER-THE-PHONE TRANSLATION SERVICES PURSUANT TO EXHIBIT A DATED 07/01/17, EXHIBIT A-1 PACIFIC INTERPRETERS INTERPRETING SERVICES AGREEMENT, ATTACHMENT A PRICING SCHEDULE, AND ATTACHMENT B CLIENT PROFILE INFORMATION FORM.

COMPENSATION: County shall pay Contractor in one minute increments pursuant to Attachment A.

CONTRACT PERIOD: JULY 1, 2020 THROUGH JUNE 30, 2021.

LIMITATIONS: Total expenditure for the period shall not exceed \$200,000.00. Any increase or decrease in this total amount may be authorized only upon written notice from the County Purchasing Manager.

COMPLIANCE WITH HIPAA: Contractor is expected to adhere to Health Insurance Portability and Accountability Act (HIPAA) regulations and to develop and maintain comprehensive patient confidentiality policies & procedures, provide annual training to all staff regarding those policies and procedures, and demonstrate reasonable effort to secure written and/or electronic data. The parties should anticipate that this agreement will be modified as necessary for full compliance with HIPAA.

COMPLIANCE: Review the Public Health Department Compliance Program Plan, Code of Ethics and Risk Plan

(<http://cosb.countyofsb.org/phd/phdcompliance.aspx>). Adhere to the policies and procedures as outlined in these Plan elements at all times under the terms of this agreement;

CONTRACTOR shall conduct regular and frequent reviews of all clinical, support staff and any subcontractors providing services to PHD under this agreement against the Centers for Medicare & Medicaid Services (CMS) Exclusions List and other applicable lists; and

CONTRACTOR or any CONTRACTOR staff or CONTRACTOR subcontractors excluded or found to be on any of the aforementioned lists shall not provide services under this Agreement nor shall the cost of such staff be claimed to CMS or PHD.

STANDARD TERMS & CONDITIONS FOR INDEPENDENT CONTRACTORS applies.
Insurance documents already on file in Purchasing Division.

THIS CONTRACT IS NOT VALID FOR AMOUNTS IN EXCESS OF ONE HUNDRED THOUSAND DOLLARS (\$100,000)

NOTE TO CONTRACTOR: No payment will be due or payable unless this contract is properly executed and returned to the County Purchasing Office. Do not commence performance until you have executed this contract and returned it to the County of Santa Barbara Purchasing Division, 105 E. Anapamu St, RM B-5, Santa Barbara, CA 93101.

Accepted By: (X) _____

Print Name/Title: _____ Date: _____

Applicable License # (Medical/Contractor/Etc): _____

Value: \$200,000.00

Tax: \$0.00

Sub-Total: \$200,000.00

Grand Total: \$200,000.00