

Purchasing Detail for Record #: CN16370

Order #: CN16370

Replacement# OR Req#: 1613

Vendor: PETER HASLER MD

TaxID: Not Viewable

Order Date: 3/21/2014

Contract Term: 6/30/2015

Purchasing Contact: GLORIA (805-568-2691)

--BILLING-- Fund: 0042 Dept: 041 LIAcct: 7460 Prog: 3001 Org: 0000 Proj: 0000

SIGNED

Bill To

COST ANALYST
300 N SAN ANTONIO RD
GENERAL ACCOUNTING
SANTA BARBARA, CA
93110

Ship To

PC & FH ADMIN
300 N. SAN ANTONIO RD
SANTA BARBARA, CA
93110

Detail Line 1

Description: Peter Hasler MD - Vendor #23258 - Medical Services / Administrative / Supportive

SERVICE CONTRACT

GENERAL: CONTRACTOR to provide medical and administration consultation services as directed by Department Director, Health Officer or Deputy Director. These collective activities are detailed in Exhibit A - Scope of Work, Revision 2, dated 8-1-14.

COMPENSATION: CONTRACTOR shall invoice County monthly for services provided. Failure to submit an invoice in a timely manner may result in delayed payment to CONTRACTOR. The COUNTY shall pay CONTRACTOR at the rate of \$160.00 per hour for these services per attached Exhibit A - Scope of work, Revision 2, dated 8-1-14.

CONTRACT PERIOD: March 18, 2014 through June 30, 2015.

LIMITATIONS: Total expenditure for the period shall not exceed \$58,000.00. Any increase or decrease in this total amount may be authorized only upon written notice from the County Purchasing Manager.

STANDARD TERMS & CONDITIONS FOR MSPs APPLIES and is attached.

INSURANCE: COUNTY shall provide for Medical Malpractice Insurance as described in attached Exhibit A - Scope of Work, Revision 2, dated 8-1-14.

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 and 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.

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 304, Santa Barbara, CA 93101.

Accepted By: (X) _____

Print Name/Title: _____ Date: _____

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

Value: \$58,000.00

Tax: \$0.00

Sub-Total: \$58,000.00

Grand Total: \$58,000.00
