

AGREEMENT
between
COUNTY OF SANTA BARBARA
and
HEALTHSTAT WELLNESS, INC.
for

ONSITE EMPLOYEE CLINIC PROGRAM

FIRST AMENDMENT

THIS IS THE FIRST AMENDMENT (hereafter referred to as First Amendment) to the Agreement for U} •ã ÁÒ{] [^^^ÁT ^ãããÁÔã ã, by and between the County of Santa Barbara (COUNTY) and P^ã@Uãã Á ^||} ^••ÉQ &È(P^ã@Uãã D(the "Agreement").

WHEREAS, the Agreement is effective through June 30, 202G, with three successive annual renewals; and

WHEREAS, the parties desire to amend the Agreement to ã &^æ ^Á@Á æ Á -Á@ÁUã caT æããÔ|ã ãÁ T^ãããÁ U~ã Á C E •ã çã Á, ãQ ~ Á &@ã *ã * Á c@Á çã Á ããÁ æ } æ Á & { çã Á æ [~ } ç Á -Á Á F C E E C L Á æ ã

WHEREAS, this First Amendment incorporates the terms and conditions set forth in the Agreement, approved by the County of Santa Barbara on R | ^ Á E 2020.

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

- a. The Agreement is amended as follows:

FÈ 5a YbXa Ybh

EXHIBIT B: SERVICE COST

Medical Office Assistant (MOA) Hourly Fee. County shall pay HS an hourly rate of \$37.13 per hour to staff the Santa Maria Clinic with a Medical Office Assistant for an estimated 40 hours per week. This fee will automatically increase by 3% annually.

- 2. **Counterparts.** This First Amendment may be executed in several counterparts, all of which taken together shall constitute a single agreement between the parties.
- 3. **Effectiveness of Agreement.** Any and all other terms and provisions of the Agreement, as amended, remain in full force and effect.

Agreement between Santa Barbara
County and HealthStat Wellness, Inc.
for Onsite Employee Clinic
First Amendment

IN WITNESS WHEREOF, the parties have executed this First Amendment to be effective September 14, 2021.

COUNTY OF SANTA BARBARA

Chair, Board of Supervisors

Date: _____

ATTEST:
MONA MIYASATO, COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

CONTRACTOR:
HEALTHSTAT WELLNESS, INC.

By: _____
Deputy Clerk

DocuSigned by:
By: Dr. Tobias Barker
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Authorized Representative

Name: Dr. Tobias Barker

Title: Chief Medical Officer

APPROVED AS TO FORM:
RACHEL VAN MULLEM
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:
BETSY SCHAFFER, CPA
AUDITOR-CONTROLLER

DocuSigned by:
By: Victoria Parks Tuttle
8A8D672E4FAB401...
Deputy County Counsel

DocuSigned by:
By: C. Schaffer
A99ED5BD71D04FB...
Deputy

RECOMMENDED FOR APPROVAL:
MARIA ELENA DE GUEVARA
HUMAN RESOURCES DIRECTOR

APPROVED AS TO FORM:
RAY AROMATORIO, ARM, AIC
RISK MANAGER

DocuSigned by:
By: Maria Elena De Guevara
68939D5F73F24DD...
Director

DocuSigned by:
By: Ray Aromatorio
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Risk Manager