

**Amendment No. 3
To
Professional Services Agreement
By and between
County of Monterey and Stericycle, Inc.**

This Amendment No. 3 is made and entered into, by and between the County of Monterey, a political subdivision of the State of California, on behalf of its Health Department, hereinafter referred to as "County", and Stericycle, Inc., hereinafter referred to as "CONTRACTOR".

RECITALS:

WHEREAS, the County and CONTRACTOR have heretofore entered into a Professional Services Agreement to provide retrieval and proper disposal of medical waste services for the period of July 1, 2011 to June 30, 2012 ("Agreement"); and

WHEREAS, on or about July 1, 2012, the County and CONTRACTOR entered into an executed Amendment No. 1 to extend the term of the Agreement for an additional two (2) years for a new Agreement amount not to exceed \$60,000 for the period July 1, 2011 to June 30, 2014; and

WHEREAS, on or about July 1, 2014, the County and CONTRACTOR entered into an executed Amendment No. 2 to extend the term of the Agreement for an additional two (2) years for a new Agreement amount not to exceed \$98,000 for the period July 1, 2011 to June 30, 2016; and

WHEREAS, the County and CONTRACTOR wish to amend the Agreement to extend the term of Agreement for two (2) additional years, as specified below.

NOW THEREFORE, the County and CONTRACTOR hereby agree to amend the Agreement, as follows:

1. Section 3, Payments by County, is amended to increase the total amount payable by County to CONTRACTOR by \$39,850 for a new total not to exceed \$137,850 for the term of the Agreement.
2. Section 4, Term of Agreement, is amended to extend the term of the Agreement to June 30, 2018 for a new term of July 1, 2011 to June 30, 2018.

3. Section 13, Notices, is amended as follows:

FOR COUNTY:
Director of Health
1270 Natividad Road
Salinas, CA 93906

FOR CONTRACTOR:
Joe Sagala
4010 Commercial Ave
Northbrook, IL 60062

4. AMENDMENT NO. 2 to EXHIBIT A is replaced with AMENDMENT NO. 3 to EXHIBIT A. All references in the Agreement to EXHIBIT A shall be construed to refer to AMENDMENT NO. 3 to EXHIBIT A.
5. EXHIBIT B- Business Associate Agreement is replaced with EXHIBIT B-1. All references in the Agreement to EXHIBIT B shall be construed to refer to EXHIBIT B-1.
6. Except as provided herein, all remaining terms, conditions and provisions of the Agreement are unchanged and unaffected by this Amendment No. 3 and shall continue in full force and effect.
7. A Copy of this Amendment No. 3 shall be attached to the Agreement.
8. The effective date of this Amendment No. 3 is July 1, 2016.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment No. 3 as of the date set forth below their respective signatures.

COUNTY

By: _____
Mike Derr, Contracts/Purchasing Officer

Date: _____

By: _____
Director of Health
Department of Health

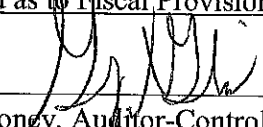
Date: _____

Approved as to Legal Form:

By: 
Stacy L. Saetta, Deputy County Counsel

Date: 4/22 2016

Approved as to Fiscal Provisions:

By: 
Gary Giboney, Auditor-Controller

Date: 4-22-16

Approved as to Liability Provisions:

By: _____
Steve Mauck, Risk Management

Date: _____

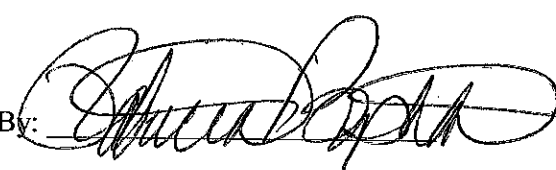
CONTRACTOR

By: 

Name: Joe Sagala

Title: Government Specialist

Date: 4/8/16

By: 

Name: PATRICIA BYSTREK

Title: SR GOVERNMENT SPECIALIST

Date: 4/8/16

IN WITNESS WHEREOF, the parties hereto have executed this Amendment No. 3 as of the date set forth below their respective signatures.

COUNTY

By: _____
Mike Derr, Contracts/Purchasing Officer

Date: _____

By: _____
Director of Health
Department of Health

Date: _____

Approved as to Legal Form:

By: _____
Stacy L. Saetta, Deputy County Counsel

Date: 4/22 2016

Approved as to Fiscal Provisions:

By: _____
Gary Giboney, Auditor-Controller

Date: 4-22-16

Approved as to Liability Provisions:

By: _____
Steve Mauck, Risk Management

Date: _____

CONTRACTOR

By: _____

Name: Joe Sagala

Title: Government Specialist

Date: 4/8/16

By: _____

Name: PATRICIA BYSTREK

Title: SR GOVERNMENT SPECIALIST

Date: 4/8/16

AMENDMENT NO. 2 to EXHIBIT A
To
Professional Service Agreement
Between
The County of Monterey and Stericycle, Inc.

Scope of Services / Payment Provisions

A. SCOPE OF SERVICES

A.1 CONTRACTOR will provide services on a scheduled and routine basis. Locations where CONTRACTOR will provide services include, but are not limited to:

Account Number	Clinic	Frequency
6107859 Site ID: 001	Laurel Health Clinics 1441 Constitution Blvd. Building 400 Salinas, CA 93906	Weekly
6107859 Site ID: 002	Seaside Family Health Center 1150 Fremont Blvd. Seaside, CA 93955	Bi-Weekly
6107859 Site ID: 003	Seaside Family Health Center 1150 Fremont Blvd. Seaside, CA 93955	Bi-Weekly
6107859 Site ID: 004	Alisal Health Center 559 East Alisal St., Suite 201 Salinas, CA 93905	Weekly
6107859 Site ID: 005	Monterey Health Clinic at Marina 3155 De Forest Road Marina, CA 93933	Bi-Weekly
6107859 Site ID: 006	Monterey County Integrated Health Clinic 299 12 th Street Marina, CA 93933	Bi-Weekly
6107859 Site ID: 007	Laurel Health Clinics 1441 Constitution Blvd. Building 151, 200 Salinas, CA 93906	Weekly

CONTRACTOR shall provide services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth below:

A.1.1 CONTRACTOR AGREES TO THE FOLLOWING:

- a. To provide all Labor and transportation, necessary or required, to perform all work for the process of the removal of medical waste,

as defined in Attachment to Amendment No. 2 to Exhibit A, from County grounds.

- b. To respond to any emergency request within 60 minutes of receiving the call and to pick up medical waste from designated County areas within 24 hours of request (EMERGENCY PICK-UP).
- c. To deliver replacement **pharmaceutical containers** at the following frequencies, unless otherwise mutually agreed upon:

Account Number	Clinic	Size	Frequency
6107859 Site ID: 001	Laurel Health Clinics 1441 Constitution Blvd. Building 400 Salinas, CA 93906	8 gallons	Every 4 weeks
6107859 Site ID: 002	Seaside Family Health Center 1150 Fremont Blvd. Seaside, CA 93955	3 gallons	Every 4 weeks
6107859 Site ID: 004	Alisal Health Center 559 East Alisal St., Suite 201 Salinas, CA 93905	2 gallons	Every 4 weeks
6107859 Site ID: 005	Monterey Health Clinic at Marina 3155 De Forest Road Marina, CA 93933	3 gallons	Every 4 weeks
6107859 Site ID: 006	Monterey County Integrated Health Clinic 299 12 th Street Marina, CA 93933	3 gallons	Every 8 weeks
6107859 Site ID: 007	Laurel Health Clinics 1441 Constitution Blvd. Building 151, 200 Salinas, CA 93906	8 gallons	Every 4 weeks
TBD Site ID: TBD	Monterey County Health Dept 1200 Aguajito Road, Room 13 Monterey, CA 93940	TBD	TBD
TBD Site ID: TBD	Monterey County Health Dept 1270 Natividad Road, Room 216 Salinas, CA 93906	TBD	TBD

CONTRACTOR shall provide replacement pharmaceutical containers for ones to be treated at no cost to the County. Container prices listed in the Payment Provisions are only for extra containers, as requested by County.

- d. To comply with all applicable state and federal, health and safety codes, rules and regulations during the term of this contract period,

- including the Medical Waste Management Act (MWMA) (California Health and Safety Code, Sections 117600 – 118360).
- e. To provide tracking documentation for all containers received from County. Said documentation will be in compliance with all government regulations and will serve as proof of disposal and destruction of medical waste.
 - f. To take title to the County's medical waste upon pickup by assuming full responsibility for all containers at the time of receipt.
 - g. To guarantee appropriate treatment through complete destruction of medical waste at a licensed facility.
 - h. To provide either "scheduled" or "as needed" pickup based upon County's needs. Trained, licensed, professional drivers in vehicles licensed and registered with the State of California will perform all pickups. All items removed from site will be listed on CONTRACTOR'S approved form and form will be signed by site personnel.
 - i. To sell medical waste container products to County at competitive pricing.

A.1.2 COUNTY AGREES TO THE FOLLOWING:

- a. County will notify CONTRACTOR at least one business day prior to when services are requested, except as routinely scheduled.
- b. To place only medical waste as defined per Attachment to Amendment No. 3 to Exhibit A in containers for pickup. Other types of waste, i.e., pharmaceutical, radioactive chemicals or other hazardous waste shall not be placed in containers designated for medical waste.
- c. All syringes/needles will be placed in Sharps containers and all blood/infectious waste will be placed in Biohazard bags by County staff prior to pick up by CONTRACTOR.
- d. To place only pharmaceutical waste into containers provided by CONTRACTOR prior to pick up by CONTRACTOR. Pharmaceutical containers must be labeled "Incinerate Only" on all sides and on top.

B. COMPENSATION/ PAYMENT

County shall pay an amount not to exceed (\$137,850.00) for the performance of all things necessary for or incidental to the performance of work as set forth in the Scope of Work. It is mutually understood and agreed by both parties that CONTRACTOR shall be compensated under the Agreement in accordance with this Amendment No. 3 to Exhibit A. Charges not stated on this rate sheet shall not be invoiced to County. CONTRACTOR'S compensation for services rendered shall be based solely on the following rates. If CONTRACTOR submits an invoice that does not abide by the terms of this Amendment No. 3 to Exhibit A, CONTRACTOR shall resubmit a corrected invoice. The County's payment obligations for CONTRACTOR'S services shall commence when an accurate invoice is submitted.

If CONTRACTOR fails or refuses to perform any part of work required by the Agreement within the response time, the County may contract with another outside source and may deduct all additional costs of any such work from the monthly amount due to the CONTRACTOR after first deducting the appropriate amount for the value of work originally not completed under the Agreement.

Service	Definition	Rate
Stop Charge ¹	Per Stop fee	\$38.00
California AB 1807 Fee	Permit fee for offsite treatment of medical waste	\$0.0127/lb
48 Gal Tub (Bio) CT 12.7 Lb	Treatment fee for 48 gallon biohazard tub.	\$27.00
44 Gal Tub (Bio) CT 12.7 Lb	Treatment fee for 44 gallon biohazard tub.	\$27.00
20 Gal Tub (Bio) CT 5.7 Lb	Treatment fee for 20 gallon biohazard tub.	\$27.00
Overweight	Overweight biohazard tub.	\$35.00
2 Gal (Pharm)	Treatment fee for 2 Gallon Pharmaceutical container.	\$40.00
3 Gal (Pharm)	Treatment fee for 3 Gallon Pharmaceutical container.	\$45.00
8 Gal (Pharm)	Treatment fee for 8 Gallon Pharmaceutical container.	\$65.00
12 Gal (Pharm)	Treatment fee for 12 Gallon Pharmaceutical container.	\$80.00
Product	Definition	Rate
48 Gal Tub (Bio) CT 12.7 Lb ²	Biohazard Waste Container	\$27.00
44 Gal Tub (Bio) CT 12.7 Lb ²	Biohazard Waste Container	\$27.00
20 Gal Tub (Bio) CT 5.7 Lb ²	Biohazard Waste Container	\$25.00
5.4 Qt Sharps (Bio)	Sharps Waste Container	\$9.00
2 Gallon PharmaSafety White	Pharmaceutical Waste Container	\$18.21
3 Gallon PharmaSafety White	Pharmaceutical Waste Container	\$28.82
8 Gallon PharmaSafety White	Pharmaceutical Waste Container	\$35.75
12 Gallon PharmaSafety White	Pharmaceutical Waste Container	\$60.64

¹ Laurel Pediatrics, Laurel Internal Medicine, Laurel Family Practice, Laurel Vista and Bienestar Natividad Medical Center shall be collectively charged as one trip.

² CONTRACTOR shall not have extra charges for emergency pick-up for all clinic sites.

EXHIBIT B-1
BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (“Agreement”), effective July 1, 2016 (“Effective Date”), is entered into by and among the County of Monterey, a political subdivision of the State of California, on behalf of the Health Department (“Covered Entity”) and STERICYCLE, INC. (“Business Associate”) (each a “Party” and collectively the “Parties”).

Business Associate provides certain services for Covered Entity (“Services”) that involve the use and disclosure of Protected Health Information that is created or received by Business Associate from or on behalf of Covered Entity (“PHI”). The Parties are committed to complying with the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. Part 160 and Part 164, Subparts A and E as amended from time to time (the “Privacy Rule”), and with the Security Standards, 45 C.F.R. Part 160 and Part 164, Subpart C as amended from time to time (the “Security Rule”), under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), as amended by the Health Information Technology for Economic and Clinical Health Act and its implementing regulations (“HITECH”). Business Associate acknowledges that, pursuant to HITECH, 45 C.F.R. §§ 164.308 (administrative safeguards), 164.310 (physical safeguards), 164.312 (technical safeguards), 164.316 (policies and procedures and documentation requirements) and 164.502 *et. seq.* apply to Business Associate in the same manner that such sections apply to Covered Entity. The additional requirements of Title XIII of HITECH contained in Public Law 111-005 that relate to privacy and security and that are made applicable with respect to covered entities shall also be applicable to Business Associate. The Parties are also committed to complying with the California Confidentiality of Medical Information Act, Ca. Civil Code §§ 56 *et seq.* (“CMIA”), where applicable. Business Associate acknowledges that the CMIA prohibits Business Associate from further disclosing the PHI it receives from Covered Entity where such disclosure would be violative of the CMIA. The Parties are also committed to complying with applicable requirements of the Red Flag Rules issued pursuant to the Fair and Accurate Credit Transactions Act of 2003 (“Red Flag Rules”). This Agreement sets forth the terms and conditions pursuant to which PHI, and, when applicable, Electronic Protected Health Information (“EPHI”), shall be handled. The Parties further acknowledge that state statutes or other laws or precedents may impose data breach notification or information security obligations, and it is their further intention that each shall comply with such laws as well as HITECH and HIPAA in the collection, handling, storage, and disclosure of personal data of patients or other personal identifying information exchanged or stored in connection with their relationship.

The Parties agree as follows:

1. DEFINITIONS

All capitalized terms used in this Agreement but not otherwise defined shall have the meaning set forth in the Privacy Rule, Security Rule and HITECH.

2. PERMITTED USES AND DISCLOSURES OF PHI

2.1 Unless otherwise limited herein, Business Associate may:

(a) use or disclose PHI to perform functions, activities or Services for, or on behalf of, Covered Entity as requested by Covered Entity from time to time, provided that such use or disclosure would not violate the Privacy or Security Rules or the standards for Business Associate Agreements set forth in 45 C.F.R. § 164.504(e), exceed the minimum necessary to accomplish the intended purpose of such use or disclosure, violate the additional requirements of HITECH contained in Public Law 111-005 that relate to privacy and security, or violate the CMIA;

(b) disclose PHI for the purposes authorized by this Agreement only: (i) to its employees, subcontractors and agents; (ii) as directed by this Agreement; or (iii) as otherwise permitted by the terms of this Agreement;

(c) use PHI in its possession to provide Data Aggregation Services to Covered Entity as permitted by 45 C.F.R. § 164.504(e)(2)(i)(B);

(d) use PHI in its possession for proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate as permitted by 45 C.F.R. § 164.504(e)(4)(i);

(e) disclose the PHI in its possession to third parties for the proper management and administration of Business Associate to the extent and in the manner permitted under 45 C.F.R. § 164.504(e)(4)(ii); provided that disclosures are Required by Law, or Business Associate obtains reasonable assurances from the persons to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached;

(f) use PHI to report violations of law to appropriate Federal and state authorities, consistent with 45 C.F.R. § 164.502(j)(1);

(g) de-identify any PHI obtained by Business Associate under this Agreement for further use or disclosure only to the extent such de-identification is pursuant to this Agreement, and use such de-identified data in accordance with 45 C.F.R. § 164.502(d)(1).

3. RESPONSIBILITIES OF THE PARTIES WITH RESPECT TO PHI

3.1 Responsibilities of Business Associate. With regard to its use and/or disclosure of PHI, Business Associate shall:

(a) use and/or disclose the PHI only as permitted or required by this Agreement or as otherwise Required by Law;

(b) report to the privacy officer of Covered Entity, in writing, (i) any use and/or disclosure of the PHI that is not permitted or required by this Agreement of which Business Associate becomes aware, and (ii) any Breach of unsecured PHI as specified by HITECH, within two (2) days of Business Associate's determination of the occurrence of such

unauthorized use and/or disclosure. In such event, the Business Associate shall, in consultation with the Covered Entity, mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of such improper use or disclosure. The notification of any Breach of unsecured PHI shall include, to the extent possible, the identification of each individual whose unsecured PHI has been, or is reasonably believed by the Business Associate to have been, accessed, acquired, used or disclosed during the Breach.

(c) use commercially reasonable safeguards to maintain the security of the PHI and to prevent use and/or disclosure of such PHI other than as provided herein;

(d) obtain and maintain an agreement with all of its subcontractors and agents that receive, use, or have access to, PHI pursuant to which agreement such subcontractors and agents agree to adhere to the same restrictions and conditions on the use and/or disclosure of PHI that apply to Business Associate pursuant to this Agreement;

(e) make available all internal practices, records, books, agreements, policies and procedures and PHI relating to the use and/or disclosure of PHI to the Secretary for purposes of determining Covered Entity or Business Associate's compliance with the Privacy Rule;

(f) document disclosures of PHI and information related to such disclosure and, within ten (10) days of receiving a written request from Covered Entity, provide to Covered Entity such information as is requested by Covered Entity to permit Covered Entity to respond to a request by an individual for an accounting of the disclosures of the individual's PHI in accordance with 45 C.F.R. § 164.528, as well as provide an accounting of disclosures, as required by HITECH, directly to an individual provided that the individual has made a request directly to Business Associate for such an accounting. At a minimum, the Business Associate shall provide the Covered Entity with the following information: (i) the date of the disclosure, (ii) the name of the entity or person who received the PHI, and if known, the address of such entity or person; (iii) a brief description of the PHI disclosed; and (iv) a brief statement of the purpose of such disclosure which includes an explanation of the basis for such disclosure. In the event the request for an accounting is delivered directly to the Business Associate, the Business Associate shall, within two (2) days, forward such request to the Covered Entity. The Business Associate shall implement an appropriate recordkeeping process to enable it to comply with the requirements of this Section;

(g) subject to Section 4.4 below, return to Covered Entity within twenty-one (21) days of the termination of this Agreement, the PHI in its possession and retain no copies, including backup copies;

(h) disclose to its subcontractors, agents or other third parties, and request from Covered Entity, only the minimum PHI necessary to perform or fulfill a specific function required or permitted hereunder;

(i) if all or any portion of the PHI is maintained in a Designated Record Set:

(i) upon ten (10) days' prior written request from Covered Entity, provide access to the PHI in a Designated Record Set to Covered Entity or, as directed by Covered Entity, the individual to whom such PHI relates or his or her authorized representative to meet a request by such individual under 45 C.F.R. § 164.524; and

(ii) upon ten (10) days' prior written request from Covered Entity, make any amendment(s) to the PHI that Covered Entity directs pursuant to 45 C.F.R. § 164.526;

(j) maintain policies and procedures to detect and prevent identity theft in connection with the provision of the Services, to the extent required to comply with the Red Flag Rules;

(k) notify the Covered Entity within five (5) days of the Business Associate's receipt of any request or subpoena for PHI. To the extent that the Covered Entity decides to assume responsibility for challenging the validity of such request, the Business Associate shall cooperate fully with the Covered Entity in such challenge;

(l) maintain a formal security program materially in accordance with all applicable data security and privacy laws and industry standards designed to ensure the security and integrity of the Covered Entity's data and protect against threats or hazards to such security

The Business Associate acknowledges that, as between the Business Associate and the Covered Entity, all PHI shall be and remain the sole property of the Covered Entity.

3.2 Additional Responsibilities of Business Associate with Respect to EPHI. In the event that Business Associate has access to EPHI, in addition to the other requirements set forth in this Agreement relating to PHI, Business Associate shall:

(a) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of EPHI that Business Associate creates, receives, maintains, or transmits on behalf of Covered Entity as required by 45 C.F.R. Part 164, Subpart C;

(b) ensure that any subcontractor or agent to whom Business Associate provides any EPHI agrees in writing to implement reasonable and appropriate safeguards to protect such EPHI; and

(c) report to the privacy officer of Covered Entity, in writing, any Security Incident involving EPHI of which Business Associate becomes aware within two (2) days of Business Associate's discovery of such Security Incident. For purposes of this Section, a Security Incident shall mean (consistent with the definition set forth at 45 C.F.R. § 164.304), the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with systems operations in an information system. In such event, the Business Associate shall, in consultation with the Covered Entity, mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of such improper use or disclosure.

3.3 Responsibilities of Covered Entity. Covered Entity shall, with respect to Business Associate:

(a) provide Business Associate a copy of Covered Entity's notice of privacy practices ("Notice") currently in use;

(b) notify Business Associate of any limitations in the Notice pursuant to 45 C.F.R. § 164.520, to the extent that such limitations may affect Business Associate's use or disclosure of PHI;

(c) notify Business Associate of any changes to the Notice that Covered Entity provides to individuals pursuant to 45 C.F.R. § 164.520, to the extent that such changes may affect Business Associate's use or disclosure of PHI;

(d) notify Business Associate of any changes in, or withdrawal of, the consent or authorization of an individual regarding the use or disclosure of PHI provided to Covered Entity pursuant to 45 C.F.R. § 164.506 or § 164.508, to the extent that such changes may affect Business Associate's use or disclosure of PHI; and

(e) notify Business Associate, in writing and in a timely manner, of any restrictions on use and/or disclosure of PHI as provided for in 45 C.F.R. § 164.522 agreed to by Covered Entity, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

4. TERMS AND TERMINATION

4.1 Term. This Agreement shall become effective on the Effective Date and shall continue in effect unless terminated as provided in this Article 4. Certain provisions and requirements of this Agreement shall survive its expiration or other termination as set forth in Section 5.1 herein.

4.2 Termination. Either Covered Entity or Business Associate may terminate this Agreement and any related agreements if the terminating Party determines in good faith that the terminated Party has breached a material term of this Agreement; provided, however, that no Party may terminate this Agreement if the breaching Party cures such breach to the reasonable satisfaction of the terminating Party within thirty (30) days after the breaching Party's receipt of written notice of such breach.

4.3 Automatic Termination. This Agreement shall automatically terminate without any further action of the Parties upon the termination or expiration of Business Associate's provision of Services to Covered Entity.

4.4 Effect of Termination. Upon termination or expiration of this Agreement for any reason, Business Associate shall return all PHI pursuant to 45 C.F.R. § 164.504(e)(2)(ii)(I) if, and to the extent that, it is feasible to do so. Prior to doing so, Business Associate shall recover any PHI in the possession of its subcontractors or agents. To the extent it is not feasible for Business Associate to return or destroy any portion of the PHI, Business Associate shall provide Covered Entity a statement that Business Associate has determined that it is infeasible to return or destroy all or some portion of the PHI in its possession or in possession of its subcontractors or agents. Business Associate shall extend any and all protections, limitations and restrictions contained in this Agreement to any PHI retained after the termination of this Agreement until such time as the PHI is returned to Covered Entity or destroyed.

5. MISCELLANEOUS

5.1 Survival. The respective rights and obligations of Business Associate and Covered Entity under the provisions of Sections 4.4, 5.1, 5.6, and 5.7, and Section 2.1 (solely with respect to PHI that Business Associate retains in accordance with Section 4.4 because it is not feasible to return or destroy such PHI), shall survive termination of this Agreement until such time as the PHI is returned to Covered Entity or destroyed. In addition, Section 3.1(i) shall survive termination of this Agreement, provided that Covered Entity determines that the PHI being retained pursuant to Section 4.4 constitutes a Designated Record Set.

5.2 Amendments; Waiver. This Agreement may not be modified or amended, except in a writing duly signed by authorized representatives of the Parties. To the extent that any relevant provision of the HIPAA, HITECH or Red Flag Rules is materially amended in a manner that changes the obligations of Business Associates or Covered Entities, the Parties agree to negotiate in good faith appropriate amendment(s) to this Agreement to give effect to the revised obligations. Further, no provision of this Agreement shall be waived, except in a writing duly signed by authorized representatives of the Parties. A waiver with respect to one event shall not be construed as continuing, or as a bar to or waiver of any right or remedy as to subsequent events.

5.3 No Third Party Beneficiaries. Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the Parties and the respective successors or assigns of the Parties, any rights, remedies, obligations, or liabilities whatsoever.

5.4 Notices. Any notices to be given hereunder to a Party shall be made via U.S. Mail or express courier to such Party's address given below, and/or via facsimile to the facsimile telephone numbers listed below.

If to Business Associate, to:

1270 Natividad Road
Salinas, CA 93906
Attn: Director of Health
Tel: (831) 755-4526
Fax: _____

If to Covered Entity, to:

4010 Commercial Avenue
Northbrook, IL 60062
Attn: _____
Tel: (847) 943-6744
Fax: _____

Each Party named above may change its address and that of its representative for notice by the giving of notice thereof in the manner hereinabove provided. Such notice is effective upon receipt of notice, but receipt is deemed to occur on next business day if notice is sent by FedEx or other overnight delivery service.

5.5 Counterparts; Facsimiles. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original. Facsimile copies hereof shall be deemed to be originals.

5.6 Choice of Law; Interpretation. This Agreement shall be governed by the laws of the State of California; as provided, however, that any ambiguities in this Agreement shall be resolved in a manner that allows Business Associate to comply with the Privacy Rule, and, if applicable, the Security Rule and the CMIA.

5.7 Indemnification. Contractor shall indemnify, defend, and hold harmless the County of Monterey (hereinafter County), its officers, agents, and employees from any claim, liability, loss, injury, cost, expense, penalty or damage, including the County's reasonable cost of providing notification of and of mitigating any acquisition, access, use or disclosure of PHI in a manner not permitted by this BAA, arising out of, or in connection with, performance of this BAA by Contractor and/or its agents, members, employees, or sub-contractors, excepting only loss, injury, cost, expense, penalty or damage caused by the negligence or willful misconduct of

personnel employed by the County. It is the intent of the parties to this BAA to provide the broadest possible indemnification for the County. Contractor shall reimburse the County for all costs, attorneys' fees, expenses, and liabilities incurred by the County with respect to any investigation, enforcement proceeding or litigation in which Contractor is obligated to indemnify, defend, and hold harmless the County under this BAA. This provision is in addition to and independent of any indemnification provision in any related or other agreement between the Covered Entity and the Business Associate.

IN WITNESS WHEREOF, each of the undersigned has caused this Agreement to be duly executed in its name and on its behalf as of the Effective Date.

**COUNTY OF MONTEREY, ON BEHALF OF
THE HEALTH DEPARTMENT**

STERICYCLE, Inc.

By: _____

By:  _____

Print Name: _____

Print Name: Joe Sagala

Print Title: _____

Print Title: Government Specialist

Date: _____

Date: 4/8/16

personnel employed by the County. It is the intent of the parties to this BAA to provide the broadest possible indemnification for the County. Contractor shall reimburse the County for all costs, attorneys' fees, expenses, and liabilities incurred by the County with respect to any investigation, enforcement proceeding or litigation in which Contractor is obligated to indemnify, defend, and hold harmless the County under this BAA. This provision is in addition to and independent of any indemnification provision in any related or other agreement between the Covered Entity and the Business Associate.

IN WITNESS WHEREOF, each of the undersigned has caused this Agreement to be duly executed in its name and on its behalf as of the Effective Date.

**COUNTY OF MONTEREY, ON BEHALF OF
THE HEALTH DEPARTMENT**

STERICYCLE, Inc.

By: _____

Print Name: _____

Print Title: _____

Date: _____

By:  _____

Print Name: Joe Sagala

Print Title: Government Specialist

Date: 4/8/16

**HEALTH DEPARTMENT
AUTHORIZATION - ROUTING FORM**

Leg. File ID
Approval Process Complete
Submitted to COB

Agenda Date	N/A	Consent	
Contact Person	Sheena Morales	Scheduled	
Phone	1393	Noticed	
Bureau	Clinic Services	Time needed	
Subject	Amendment #3 to Agreement with STERICYCLE, INC. for retrieval and waste disposal services for County clinics. Term July 1, 2011 – June 30, 2018 with NTE: \$137,850. BOARD REPORT INCLUDED		

APPROVED BY:	Yes/ No	By	Date	Comments
Director of Health	Y	GMJ	4/15/16	w/ changes - 4/15/16 done RSX 4/15/16
Assistant Director of Health				
Bureau Finance Manager	yes	NK	4/11/16	
Health Human Resources (if applicable)	N/A	N/A	N/A	
Health Information Technology (if applicable)	N/A	N/A	N/A	
Privacy Officer for agreements and MOU's (if applicable)	yes	AK	4/15/16	

HEALTH DEPARTMENT
RECEIVED

APR 11 2016

ADMINISTRATION

AGREEMENT AMENDMENT BOARD REPORT FOR PRE-APPROVAL

Vendor Name: STERICYCLE, INC.

Title/Brief Description of Document: Amendment #3 to Agreement with STERICYCLE, INC. for retrieval and waste disposal services for County clinics. Term July 1, 2011 – June 30, 2018 with NTE: \$137,850. BOARD REPORT INCLUDED

Originating Dept.: 4000-8096, Clinic Services Dept. **Contact WITH Phone #:** Sheena Morales X1393

This Agreement or Amendment requires Board Approval: Yes No

This Agreement requires an MYA: Yes No

AGREEMENT TYPE

<input checked="" type="checkbox"/> RQNSA – Standard Agreement	<input type="checkbox"/> RQNNS – Non-Standard Agreement
<input type="checkbox"/> RQNIT – ITD Standard Agreement	<input type="checkbox"/> RQNIN – ITD Non-Standard Agreement
<input type="checkbox"/> RQNPB – Pre-Board Standard Agreement	<input type="checkbox"/> Non-Standard Board Agreement (Not to be tracked within RQN)
<input checked="" type="checkbox"/> Insurance & Endorsement Current	<input checked="" type="checkbox"/> VDR & Non-Resident State Forms Verified

ROUTING AND APPROVALS*

Each Approving Authority is requested to forward the Service Contract to the next Approving Authority in the order listed herein. Thank you.

	Approving Authority:	Approval Initials	Comments:	Date Reviewed
1st	ITD (for all ITD related contracts)		NOT REQUIRED	
2nd	County Counsel (required)	<i>[Signature]</i>	A16-01393 SIGNATURES - DO YOU HAVE COPIES OF	4-22-2016
3rd	Risk Management (non-standard insurance and/or indemnity provisions)		Click here to enter text.	
4th	Auditor-Controller (required)	<i>[Signature]</i>	Please call SHEENA MORALES x1393 when ready to pickup. DO NOT INTEROFFICE	4-22-16
5th	Contracts/Purchasing (required)	<i>[Signature]</i>	INITIALED FOR ROUTING-PENDING COUNSEL'S COMMENTS	4-25-16
	Return to Originating Department Instructions		Sheena Morales x 1393	

* In the event that one of the approving authorities has an issue with the document and will not sign, the document shall be returned immediately to the originating department's key contact person identified herein along with a brief written explanation regarding the issue. Once that issue is corrected, the originating department shall restart the routing process again from the beginning by resubmitting the document through the approval process. The original Routing Form should be included for reference.

MYA #: *

Handwritten notes:
 ✓ rec'd from Vendor as req'd by Counsel DS. 4/27
 Please obtain signatures
 off-cy not listed
 Their signature and name
 They are
 underway - DS.