



Contract Number  
**23-517**

SAP Number

## Arrowhead Regional Medical Center

<b>Department Contract Representative</b>	William L. Gilbert
<b>Telephone Number</b>	(909) 580-6150
<b>Contractor</b>	American College of Radiology
<b>Contractor Representative</b>	N/A
<b>Telephone Number</b>	(800) 770-0145
<b>Contract Term</b>	N/A
<b>Original Contract Amount</b>	N/A
<b>Amendment Amount</b>	N/A
<b>Total Contract Amount</b>	N/A
<b>Cost Center</b>	N/A

**Briefly describe the general nature of the contract:** Practice Site Accreditation Survey Agreement, including non-standard terms, with the American College of Radiology for the quality survey and accreditation of the ultrasound equipment at Arrowhead Regional Medical Center's Arrowhead Family Health Center - Fontana.

**FOR COUNTY USE ONLY**

Approved as to Legal Form



Charles Phan, Deputy County Counsel

Date 6/1/2023

Reviewed for Contract Compliance



Date

Reviewed/Approved by Department



William L. Gilbert, Director

Date

[ [Print Legal Forms](#) ]

## Legal Forms

Testing materials cannot be issued until the completed documents are received.

Please follow the steps below to ensure that your required paperwork is received and processed:

1. Go to the My Applications page and click "Print Legal Forms for Submission" in the action column for your application to print the necessary forms
2. Obtain the required signatures.
3. Go to the My Applications page and click "View/Upload Forms" in the action column for your application. Upload the signed documents.



1891 Preston White Drive  
Reston, VA 20191

## PRACTICE SITE ACCREDITATION SURVEY AGREEMENT

*This Practice Site Survey Agreement must be signed by the designated Practice Site Supervising Physician. It should also be signed by a Practice Site officer, owner, or other legally constituted representative of the facility. Original, electronic or faxed signatures are required and considered legally binding for this Agreement. Stamped signatures are not acceptable.*

The below identified Practice Site requests a survey of the quality of certain radiological services (see submitted Diagnostic Modality Accreditation Application) performed by the Practice Site. As a result of the survey, the practice site seeks accreditation of such services by the American College of Radiology (ACR).

Practice Site Name and Address:

UAP# 60046  
Arrowhead Reg-Fontana Family Health Clinic  
16888 Baseline Ave  
Fontana, California 92336

The ACR will objectively review the quality of the imaging services evaluated and provide a separate report for each diagnostic modality requested by the Practice Site. All reports, documentation, correspondence, including email, between the ACR and the Practice Site and any information provided by the Practice Site to evaluate the imaging services is considered privileged and confidential peer review. Code of Virginia 8.01-581.17 (Only the Practice Site name, address, phone number, and listed contact personnel are not considered privileged and confidential.) The parties acknowledge, however, that if the Practice Site is providing advanced diagnostic imaging services (ADIS) under the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) Practice Site information in the possession of the ACR is subject to disclosure to the Centers for Medicare and Medicaid Services (CMS).

**As a condition of receiving the requested survey the Practice Site Supervising Physician and the Practice Site Officer or Owner agree to the following:**

1. Submit with the survey application a nonrefundable fee for an accreditation survey, which is based upon the number of diagnostic modalities being reviewed.
2. For modalities where phantom testing is required, testing must be done using an ACR approved phantom specific to the modality being evaluated.
3. Provide in a timely manner all materials, including clinical and phantom images, as appropriate, quality control data and such other information as required by the Diagnostic Modality Accreditation Application for each modality for which accreditation is requested.
4. The Practice Site officer or owner is responsible for ensuring that all personnel (including, but not limited to, technologists, physicians and medical physicists/MR scientists) performing services under this agreement meet the requirements for each diagnostic modality being accredited.
5. Notify the ACR within 15 days of any changes in the modality-specific supervising physician(s), imaging equipment (units) or changes in the use of equipment that could affect clinical or phantom images (i.e., in CT an adults-only approved scanner being used to scan pediatric patients).
6. Provide immediate written notice of any change of the Practice Site Supervising Physician.
7. Ensure that all accreditation criteria are met, and that the same standard of performance is maintained during the accreditation period for all diagnostic modalities accredited.
8. Remove from public display all ACR Accreditation Certificates, Certification Marks and Decals provided to the Practice Site as a result of this survey agreement upon termination of such services provided by the Practice Site or upon request of the ACR.
9. Provide immediate written notice to the ACR upon the termination of any accredited services provided by the Practice Site or a change in ownership of the operating location specified in this agreement.
10. Accreditation does not automatically transfer upon change of ownership of the practice location or services covered by this agreement.
11. The ACR retains the right to issue a written report upon a written request from any of the signatories of this agreement, but only so long as the requestor is serving in the official capacity as outlined in this agreement.
12. If requested by the ACR, during normal business hours and within 96 hours of such request, submit to a pre-accreditation and/or post-accreditation on-site survey conducted by a survey team designated by the ACR. In connection with the on-site survey, provide all documentation, including but not limited to quality control logs, images, records, or any necessary information requested by the survey team and the ACR.

13. Failure to meet specified time frames as stated in the accreditation materials and application will result in facility's termination of accreditation and could adversely affect your reimbursement.
14. All physicians providing services under this Agreement are actively participating in a formal peer review program that meets the stated accreditation requirements. A final accreditation report will not be issued until this requirement is met. (This requirement does not apply to the Ultrasound Guided Breast Biopsy Module of Breast Ultrasound Accreditation or Stereotactic Breast Biopsy Accreditation.)
15. Submission of false or misleading information to obtain accreditation is grounds for withholding or revoking accreditation and, depending on the circumstances could result in civil and/or criminal penalties.

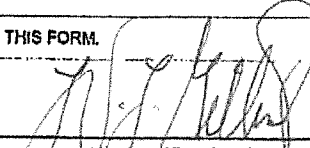
The above obligations are agreed to and understood. These obligations will survive the grant or denial of accreditation. If any obligation is subsequently held invalid by a court of law, the remaining obligations shall remain binding in full force and effect.

#### Practice Site Officer or Owner

The undersigned acknowledges that he/she has the legal authority to execute this Agreement on behalf of the facility seeking accreditation and does hereby release the American College of Radiology, its directors, officers, members, agents, volunteers and employees from and against any and all claims, suits, damages, losses, expenses (including attorneys' fees) and liabilities by reason of, arising out of, or related to participation in the activities covered by this Agreement, to include but not limited to, any catastrophic event (i.e., flood, fire, wind, terrorism), the making or the failure to produce any report, statement or recommendation, or the loss, damage or destruction of any image, record or other items received from the surveyed facility, failure to grant accreditation or any other actions that may be taken by others as a result of the survey when such actions performed by or on behalf of the ACR are done in good faith and without malice in connection with conducting this survey.

PLEASE NOTE THAT THE INDIVIDUALS LISTED MUST SIGN THIS FORM.

Executed on Date: 02/07/2023

  
Signature of Practice Site Officer or Owner  
(or individual with legal authority to execute this agreement on behalf of the facility)

William L. Gilbert

Print Name of Practice Site Officer or Owner

Facility CEO

Print Title of Practice Site Officer or Owner

#### Supervising Physician

I join in the request and consent to the American College of Radiology conducting a survey and rendering a report(s) and findings through the College. I also hereby release and forever discharge the American College of Radiology, its directors, officers, members, agents, volunteers and employees from any and all claims, suits, damages, losses, expenses (including attorneys' fees), and liabilities by reason of, arising out of, or related to participation in the aforesaid survey of the practice(s) of the above mentioned diagnostic modalities as covered by this application, and the making of any report, statement, or recommendation or failure to make a report, statement, or recommendation with respect to the aforesaid practice of the aforementioned diagnostic modality(ies), when such actions are performed by or on behalf of the ACR and done in good faith and without malice in connection with conducting this survey. Further, I agree to fully cooperate with the American College of Radiology in its accreditation survey.

PLEASE NOTE THAT THE INDIVIDUALS LISTED MUST SIGN THIS FORM.

Executed on Date 02/07/2023

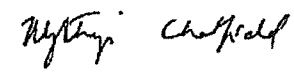
  
Signature of Supervising Physician

Ha Le M.D.

Print Name of Facility Supervising Physician

For ACR Office Use Only:

Executed on Date 02/07/2023

  
Executive Vice President - Quality & Safety  
Mythreyi Chatfield



## County of San Bernardino DELEGATED AUTHORITY – DOCUMENT REVIEW FORM

This form is for use by any department or other entity that has been authorized by Board of Supervisors/Directors action to execute grant applications, awards, amendments or other agreements on their behalf. All documents to be executed under such delegated authority must be routed for County Counsel and County Administrative Office review prior to signature by designee.

**Note: This process should NOT be used to execute documents under a master agreement or template, or for construction contract change orders. Contact your County Counsel for instructions related to review of these documents.**

Complete and submit this form, along with required documents proposed for signature, via email to the department's County Counsel representative and Finance Analyst. If the documents proposed for signature are within the delegated authority, the department will submit the requisite hard copies for signature to the County Counsel representative. Once County Counsel has signed, the department will submit the signed documents in hard copy, as well as by email, to CAO Special Projects Team for review. If approved, the department will be provided routing instructions as well as direction to submit one set of the executed documents to the Clerk of the Board within 30 days.

**For detailed instructions on submission requirements, reference Section 7.3 of the Board Agenda Item Guidelines as the Delegation of Authority does not eliminate the document submission requirements.**

Department/Agency/Entity: Arrowhead Regional Medical Center (ARMC)

Contact Name: William L. Gilbert

Telephone: 909-5806150

Agreement No.: 23-517 Amendment No.: \_\_\_\_\_ Date of Board Item 6/13/23 Board Item No.: 20

Name of Contract Entity/Project Name: American College of Radiology- Practice Site Accreditation Survey Agreement

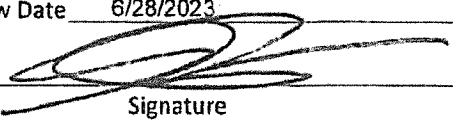
**Explanation of request/Special Instructions:**

Item No. 20 on the June 13, 2023 Consent Calendar, as approved by the Board of Supervisors, authorized the Director of Arrowhead Regional Medical Center to execute the Practice Site Accreditation Survey Agreement, and any future Practice Site Accreditation Survey Agreements, with the American College of Radiology for the quality survey and accreditation of medical imaging equipment at Arrowhead Regional Medical Center and its Family Health Centers, in a total amount not to exceed \$19,000, for the five-year period of June 13, 2023 through June 12, 2028, subject to review by County Counsel.

The Site Survey Agreement with the American College of Radiology (ACR) will allow ARMC to gain initial accreditation of ultrasound equipment at its Family Health Center (FHC) in Fontana, as this is new equipment to the FHC. The accreditation from ACR helps assure all patients are provided with the highest level of image quality and safety by documenting that ARMC meets requirements for medical imaging equipment.

**Insert check mark that the following required documents are attached to this request:**

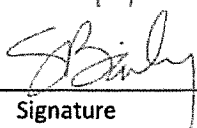
- ☒ Documents proposed for signature (Note: For contracts, include a signed non-standard contract coversheet for contracts not submitted on a standard contract form).
- ☒ Board Agenda item that delegated the authority

Department Routed to County Counsel	County Counsel Name: Charles Phan	Date Sent: 6/27/2023
Reviewing County Counsel Use Only	Review Date <u>6/28/2023</u>  Signature	Determination: ____ Within Scope of Delegated Authority ____ Outside Scope of Delegated Authority

SAN BERNARDINO COUNTY  
CLERK OF THE BOARD OF SUPERVISORS  
2024 JUL 29 AM 10:35



County of San Bernardino  
**DELEGATED AUTHORITY – DOCUMENT REVIEW FORM**

<b>CAO-Special Projects Use Only</b>	Review Date <u>6/5/23</u>   _____ Signature	<b>Disposition:</b> <input checked="" type="checkbox"/> Route for signature to: ____Chair ____CEO <input checked="" type="checkbox"/> Department ____Return to Department for preparation of agenda item
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