



**Contract Number**

**SAP Number**

## Arrowhead Regional Medical Center

<b>Department Contract Representative</b>	<u>Andrew Goldfrach</u>
<b>Telephone Number</b>	<u>(909) 580-6150</u>
<b>Contractor</b>	<u>Rubrik, Inc.</u>
<b>Contractor Representative</b>	<u>Anthony Schubert</u>
<b>Telephone Number</b>	<u>(626) 394-8876</u>
<b>Contract Term</b>	<u>June 10, 2025 and continuing until all obligations have been met or termination of the License Agreement.</u>
<b>Original Contract Amount</b>	<u>Non-Financial</u>
<b>Amendment Amount</b>	<u></u>
<b>Total Contract Amount</b>	<u></u>
<b>Cost Center</b>	<u>8480</u>
<b>Grant Number (if applicable)</b>	<u>N/A</u>

**Briefly describe the general nature of the contract:** Non-financial Health Insurance Portability and Accountability Act Business Associate Agreement with Rubrik, Inc. for the period beginning June 10, 2025 and continuing until all obligations have been met or termination of the License Agreement.

### FOR COUNTY USE ONLY

<p>Approved as to Legal Form</p> <p>► _____, County Counsel</p> <p>Date _____</p>	<p>Reviewed for Contract Compliance</p> <p>► _____</p> <p>Date _____</p>	<p>Reviewed/Approved by Department</p> <p>► _____</p> <p>Date _____</p>
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