

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number

26-685

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative	Andrew Goldfrach, ARMC Chief Executive Officer
Telephone Number	(909) 580-6150
Contractor	John H. Brill, MD (Hereinafter called "CONTRACTOR")
Contractor Representative	John H. Brill, MD
Telephone Number	On File
Contract Term	Three Years
Original Contract Amount	\$ 1,611,320 (\$537,106.66/year) Base salary plus County Benefits for Exempt Group C
Amendment Amount	
Total Contract Amount	\$ 1,611,320 (\$537,106.66/year) Base salary plus County Benefits for Exempt Group C
Cost Center	8610
Grant Number (if applicable)	N/A

IT IS HEREBY AGREED AS FOLLOWS:

WHEREAS, San Bernardino County ("County") operates the Arrowhead Regional Medical Center ("ARMC") which requires the services of a Chief Medical Officer;

WHEREAS, John H. Brill, MD ("CONTRACTOR") is qualified to perform the services of a Chief Medical Officer; and

WHEREAS, the County desires to obtain the services of CONTRACTOR on the terms and conditions set forth in this Contract;

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

TABLE OF CONTENTS

	<u>Page</u>
I. DUTIES AND RESPONSIBILITIES OF CONTRACTOR	3
II. CONFLICT OF INTEREST	4
III. CODE OF CONDUCT	4
IV. CONTRACT TERM	5
V. COMPENSATION OF CONTRACTOR	5
VI. GENERAL PROVISIONS RELATING TO CONTRACTOR	8
VII. CONCLUSION	9

ATTACHMENT A - Exempt Compensation Plan Salary Table

I. DUTIES AND RESPONSIBILITIES OF CONTRACTOR

CONTRACTOR shall be employed as the Chief Medical Officer for ARMC. CONTRACTOR shall have the following duties:

- A. Reports to the ARMC Chief Executive Officer ("ARMC CEO") and works closely with the ARMC Chief Operating Officer ("ARMC COO"), Administrators and Physician leaders to oversee the delivery of medical services provided at ARMC.
- B. CONTRACTOR shall notify ARMC in the event of any investigation, proceeding, or disciplinary action by Medicare and/or the Medi-Cal Program, or any other federal or state health care program, any state's medical board, any agency responsible for professional licensing, standards or behavior.
- C. CONTRACTOR shall notify ARMC in the event that his license to practice in any jurisdiction is suspended, revoked, or otherwise restricted.
- D. Act as the Chief Medical Officer and Chief Medical Information Officer in the following capacity:
 - a. Chief Medical Officer Duties
 - i. Provides a clinical perspective on all matters relating to medical services to the management team; assesses and leads the improvement of patient care throughout the ARMC and outpatient clinics, meets goals to improve patient satisfaction and core measures. Takes an active role in the case management function.
 - ii. Represents ARMC on various standing committees, meetings, and events, both county-wide and nationally, as requested by the ARMC CEO and/or Chief Operating Officer
 - iii. Serves as a liaison between ARMC and the medical staff departments regarding all matters related to the medical services provided at ARMC; serves as a member on Leadership Council and Leadership Forum and Physician Administration Council.
 - iv. Collaborates with the President of the Medical Staff in all matters that involve the inter-relationship between the Medical Staff and ARMC's management team; serves as an ex-officio member on the Medical Executive Committee (MEC); and participates in medical and administrative rounds to ensure the highest quality of care is provided hospital wide.
 - v. Assists in all aspects of quality improvement and patient safety throughout ARMC; assists in meeting the regulatory requirements of Accreditation Commission for Health Care (ACHC), The Joint Commission (TJC) Center for Medicare/Medicaid Services (CMS) Conditions of Participation, Title 22, California Code of Regulations, Health Reform, and all health care regulatory functions.
 - vi. Provides leadership to areas of responsibility by developing relationships with inside and outside departments/organizations to further the mission and vision of ARMC.
 - vii. Serves as a member of ARMC's management team, and participates in the development of departmental programs, policies, budgets, goals, strategic planning, and objectives.
 - viii. Collaborates with department chairs and medical directors to ensure service delivery is both timely and appropriate, and to improve patient experience.
 - ix. Supports ARMC on all legal actions relative to medical care, and assists Risk Management in investigating, defending, and settling all legal actions relative to medical care.
 - x. Performs other duties as assigned by the ARMC CEO and/or the Chief Operating Officer.
 - b. Chief Medical Information Officer duties:
 - i. Identifies the need for new clinical information systems or improvement to existing systems. Assists in the selection of vendors, systems, applications, and software. Ensures implementation of new systems and training for all staff.

- ii. Works in partnership with Information Management and the medical staff in the selection and implementation of any new/proposed computerized clinical processes, including collaborating with physicians, Clinical Informatics, administration, nursing, ancillary staff, and vendors.
- iii. Leads the development of the strategic plans regarding clinical systems and aligns these clinical systems with capabilities to serve ARMC's organizational needs.
- iv. Informs clinical leaders, frontline executive management, information management, clinical informatics, and patients about the clinical systems governance process to ensure the strategic and tactical alignment of clinical systems for both non-clinical and clinical departments at ARMC.
- v. Manages the needs for software specifications, development, and maintenance according to clinical IT standards.
- vi. Provides ongoing communication between all clinicians, but especially the practitioners and providers regarding the effectiveness of existing clinical computerized processes and probable dialogue with all affected clinicians and any affected support staff.
- vii. Ensures that the Clinical Informatics department provides quality and cost-effective services to its customers.
- viii. Reviews medical informatics trends, experiences, and approaches; develops technical and application implementation strategies and assists in the development of strategic plans for clinical information systems.
- ix. Serves as a clinical liaison for overall improvement of delivery of care, including promoting electronic health records.
- x. Develops and implements policies and procedures as needed to improve or initiate clinical informatics systems.
- xi. Meets goals to improve employee engagement, patient satisfaction, and core measure compliance.
- xii. Recommends the purchase of hospital equipment and software programs.
- xiii. Provides periodic educational forums for staff physicians, residents, fellows, and students.

II. CONFLICT OF INTEREST

As a condition of employment, CONTRACTOR does hereby agree to follow and uphold the Conflict of Interest policy of the County's Personnel Rules as follows:

No official or employee shall engage in any business or transaction or shall have a financial or other personal interest or association which conflicts with the proper discharge of official duties or would tend to impair independence of judgment or action in the performance of official duties. Personal as distinguished from financial interest includes an interest arising from blood or marriage relationships or close business, personal, or political association. This section shall not serve to prohibit independent acts or other forms of enterprise during those hours not covered by active County employment provided such acts do not constitute a conflict of interest as defined herein. An employee is also subject to applicable provisions of the California Government Code, including but not limited to Sections 1090, 1126, 87100, and/or any other conflict of interest Code, policy or rule applicable to County employment.

III. CODE OF CONDUCT

As a condition of employment, CONTRACTOR does hereby agree to adhere to work rules and performance standards established for their position by the Appointing Authority, as defined in Section IV, and as established in the San Bernardino County Personnel Rules and outlined in ARMC's Administrative Operations Manual Policy No. 200.22. CONTRACTOR agrees to comply with all County, ARMC, and Appointing Authority policies, procedures, and standard practices, as well as the applicable Code of Conduct.

IV. CONTRACT TERM

This Contract shall be effective August 8, 2026, and shall remain in effect through August 7, 2029. The ARMC CEO is authorized to execute amendments to the Contract to extend the term for a maximum of three successive one-year periods.

Notwithstanding the foregoing, either party may terminate this Contract at any time without cause with a ninety (90) day prior written notice to the other party. This Contract may be terminated for just cause immediately by the County. CONTRACTOR shall serve at the pleasure of the appointing authority, the ARMC CEO ("Appointing Authority"), who shall have the full authority and discretion to exercise County rights under this Paragraph.

V. COMPENSATION OF CONTRACTOR

Upon the effective date of this Contract, CONTRACTOR shall be considered a contract employee in the County's unclassified service. CONTRACTOR shall receive only the benefits and compensation specifically set forth in this Contract. Any compensation and/or benefits provided for in this Contract based on compensation and/or benefits provided for in the San Bernardino County Exempt Group Working Conditions Ordinance (County Code section 13.0613) shall be adjusted in accordance with any future change to the San Bernardino County Exempt Group Working Conditions Ordinance. Any benefits provided under this Contract based on the San Bernardino County Exempt Group Working Conditions Ordinance shall be at a level for employees in Exempt Group C, unless otherwise specified in this Contract. This Contract provides for the full compensation to CONTRACTOR for the services required hereunder. If CONTRACTOR is a current contract employee, this Contract supersedes any prior contract and continues CONTRACTOR's employment.

A. SALARY RATE

CONTRACTOR shall be compensated for services at Step 14 of Range 117C of the current Exempt Compensation Plan salary schedule. For reference purposes, as of the effective date this Contract, the salary schedule is as provided in Attachment A, which is attached and incorporated into this Contract by reference. CONTRACTOR shall be eligible to receive step increases pursuant to the terms of conditions set forth in the San Bernardino County Exempt Group Working Conditions Ordinance.

B. RATE ADJUSTMENTS

CONTRACTOR shall be eligible to receive salary adjustments, across-the-board salary increases, and other approved incentives in the same manner, as provided to the County's Exempt employees, however, CONTRACTOR is also subject to any economic reductions imposed on the County's Exempt Employees. CONTRACTOR shall receive any across-the-board salary adjustments (increases or decreases) provided to, and at the same time as, employees in Exempt Group C.

C. OVERTIME

CONTRACTOR is in a position not covered by the Fair Labor Standards Act (FLSA) and is not eligible to receive overtime compensation under the FLSA.

D. PAYMENT

Payment for services shall be made bi-weekly in accordance with procedures established by the County Auditor-Controller/Treasurer/Tax Collector.

E. LEAVE PROVISIONS

CONTRACTOR is eligible to receive and utilize all leaves pursuant to the terms and conditions set forth in the San Bernardino County Exempt Group Working Conditions Ordinance.

Refer to Item S of Section V for processing of leave balances upon termination of this Contract.

F. MEDICAL AND DENTAL & VISION COVERAGE

CONTRACTOR must enroll in a medical and dental plan offered by the County, unless enrolled in a comparable group medical plan and CONTRACTOR shall receive the Medical Premium Subsidy (MPS) and Dental Premium Subsidy (DPS) to offset the cost of medical and dental plan premiums charged to CONTRACTOR pursuant to terms and conditions set forth in the San Bernardino County Exempt Group Working Conditions Ordinance.

Subject to carrier requirements, the County shall pay vision care insurance premiums for CONTRACTOR and eligible dependents, pursuant to the terms and conditions set forth in the San Bernardino County Exempt Group Working Conditions Ordinance.

Applicable subsidy payments will be made directly to the providers of the County-sponsored medical/dental/vision plans in which the CONTRACTOR has enrolled.

G. LIFE INSURANCE

The County shall pay applicable premiums for a term life insurance and variable group universal life insurance policy for CONTRACTOR in accordance with the San Bernardino County Exempt Group Working Conditions Ordinance. In addition, CONTRACTOR may voluntarily participate in the supplemental life insurance and accidental death and dismemberment insurance at CONTRACTOR's own expense. Participation in the life insurance benefit plans is pursuant to the terms and conditions set forth in the San Bernardino County Exempt Group Working Conditions Ordinance.

H. ACCIDENTAL DEATH AND DISMEMBERMENT

The CONTRACTOR shall be eligible to purchase accidental death and dismemberment insurance coverage and supplemental term life insurance for themselves and dependents via payroll deduction, pursuant to the terms and conditions set forth in the San Bernardino County Exempt Group Working Conditions Ordinance.

I. EXPENSE REIMBURSEMENT

CONTRACTOR shall be eligible for expense reimbursement pursuant to the terms and conditions set forth in the San Bernardino County Exempt Group Working Conditions Ordinance.

J. RETIREMENT PLAN

If CONTRACTOR is regularly scheduled for and regularly works a minimum of 40 hours per pay period, CONTRACTOR shall participate in the County's general retirement system, i.e., San Bernardino County Employees Retirement Association (SBCERA), during the term of this contract pursuant to the Exempt Group Working Conditions Ordinance as modified by, and in accordance with, the applicable terms of the California Public Employees' Pension Reform Act of 2013 (Gov't Code section 7522 et seq.).

If CONTRACTOR regularly works less than 40 hours per pay period or otherwise does not meet the definition of a member of the retirement system shall instead participate in the County's 401(k) plan.

If CONTRACTOR is first hired at age 60 or over, CONTRACTOR may waive membership in SBCERA at the time of hire, pursuant to the terms and conditions San Bernardino County Exempt Group Working Conditions Ordinance. If CONTRACTOR chooses not to become a member of SBCERA, CONTRACTOR shall be enrolled in the County's 401(k) plan pursuant to the terms and conditions of the San Bernardino County Exempt Group Working Conditions Ordinance.

K. SALARY SAVINGS PLAN

CONTRACTOR shall be eligible to participate in the County's 401(k) and 457(b) Salary Savings Plans as per the Plan documents and pursuant to the terms and conditions set forth in the San Bernardino County Exempt Group Working Conditions Ordinance.

L. RETIREMENT MEDICAL TRUST ("Trust")

Upon meeting eligibility requirements, CONTRACTOR shall participate in the County Retirement Medical Trust during the term of this Contract pursuant to the terms and conditions set forth in the San Bernardino County Exempt Group Working Conditions Ordinance.

M. DEPENDENT CARE ASSISTANCE PLAN (DCAP) AND FLEXIBLE SPENDING ACCOUNT (FSA) PLAN FOR MEDICAL EXPENSE REIMBURSEMENT

CONTRACTOR shall be eligible to participate in the County's DCAP and FSA Plans and receive any applicable County contributions to the FSA Plan pursuant to the terms and conditions set forth in the San Bernardino County Exempt Group Working Conditions Ordinance.

N. SHORT-TERM DISABILITY

CONTRACTOR shall be eligible to receive the same Short-Term Disability insurance benefits as per the Plan documents and pursuant to the terms and conditions set forth in the San Bernardino County Exempt Group Working Conditions Ordinance.

O. LONG-TERM DISABILITY

CONTRACTOR shall be eligible to receive Long-Term Disability insurance benefits as per the Plan documents and pursuant to the terms and conditions set forth in the San Bernardino County Exempt Group Working Conditions Ordinance.

P. LEGALLY REQUIRED BENEFITS

CONTRACTOR shall receive all benefits as required by law (e.g. FMLA, Military Leave, Time off for Voting and Medicare). Where the County provides a greater benefit than is required by law, CONTRACTOR shall receive the minimum benefit in accordance with the law, unless the greater benefit is specifically provided for in another provision of this Contract.

Q. OTHER BENEFITS

CONTRACTOR shall be eligible for all employee voluntary benefits, based on the San Bernardino County Exempt Group Working Conditions Ordinance at a level for employees in Exempt Group C.

R. SERVICE AND EFFECTS ON BENEFITS

If CONTRACTOR was a County contract employee immediately prior to entering into this contract, without separation from County employment, execution of this contract shall not result in separation in County employment for purposes of determining eligibility for and level of benefits including, but not limited to health benefits, leave accrual rates, and retirement benefits. Thus, CONTRACTOR'S rate for leave accruals is based on the start date of the period of continuous County employment that is extended by this Contract. CONTRACTOR shall maintain and carry forward Holiday, Vacation, other paid leave, and Sick leave balances. Contractor's retirement contribution rate is based on the date CONTRACTOR began participation in the County's general employee retirement system.

S. BENEFITS UPON TERMINATION

Contractor Separated from County Service

Upon separation from County employment, CONTRACTOR shall be compensated for any unused Vacation, Administrative, and Holiday Leave at the then base rate of pay. CONTRACTOR will be eligible to convert the cash value of unused Sick Leave to the Retirement Medical Trust Fund in the same manner and amount as the County's Exempt employees if eligibility requirements are met. If eligibility requirements are not met at the time of separation, unused Sick leave shall be forfeited.

Contractor to Regular County Employment

In the event this Contract is terminated because Contractor is appointed to a regular County position without a break in service, the Contractor shall maintain their existing hire date for the purposes of calculating benefits (Regular Hire Date). Eligibility for benefits, including, but not limited to, retirement system contributions, longevity, health benefits, and leave accrual rates shall be based upon the provisions of the applicable MOU or ordinance in effect at the time Contractor is appointed to a regular County position. Seniority, for purposes of layoff, shall be determined by the most recent Regular Hire Date or as otherwise provided in the applicable MOU.

At the sole discretion of the appointing authority of the County department or office in which appointment to the regular position is made, unused leave balances may be maintained and carried over. Employees may only carry over leave balances that they would otherwise be eligible for in accordance with the applicable MOU or ordinance for the bargaining unit associated with the position hired into. Any leave balances not authorized to be carried over will distributed as outlined in "Contractor Separated from County Service," above.

Contractor to New Contract Position

In the event the CONTRACTOR accepts another contract position with the County without a break in service, at the sole discretion of the appointing authority of the County department or office in which appointment to the new contract position is made, unused leave balances may be maintained and carried over. CONTRACTOR may only carry over leave balances that they would otherwise be eligible for in accordance with the applicable MOU or ordinance for the bargaining unit associated with the position hired into. Any leave balances not authorized to be carried over will distributed as outlined in "Contractor Separated from County Service," above.

VI. GENERAL PROVISIONS RELATING TO CONTRACTOR

A. TOUR OF DUTY

CONTRACTOR's standard tour of duty (regularly scheduled work week) shall be established by the ARMC CEO or designee. The ARMC CEO or designee may modify or change the number of hours in a standard day, tour of duty or shift to meet the needs of the service. CONTRACTOR shall be required to work during such hours as necessary to carry out the duties of his position, as designated by the ARMC CEO or designee, and such hours may be varied so long as the work requirements and efficient operations of the County are assured.

B. CLASSIFICATION

CONTRACTOR shall not attain regular status as a County employee, and as an unclassified employee, will not be provided rights under the San Bernardino County Personnel Rules that are afforded to regular status employees. This Contract does not expand or alter any jurisdiction established by the Personnel Rules or any MOU. CONTRACTOR shall adhere to the County's and ARMC's standards of employee conduct, including all applicable rules, policies, and regulations. Violation of applicable standards may result in Contract termination or lesser penalties.

C. WORKERS COMPENSATION AND LIABILITY COVERAGE

CONTRACTOR shall be covered by the County's Workers' Compensation insurance coverage during the hours actually worked under this Contract. CONTRACTOR shall be covered by the County's General Liability Insurance only while performing services under this Contract. CONTRACTOR shall only receive those benefits as required by law.

D. USE OF PRIVATE VEHICLE

If the services to be performed under this Contract require CONTRACTOR to drive a vehicle, CONTRACTOR must possess a valid California driver's license at all times during the performance of this Contract. CONTRACTOR agrees to allow County to obtain a Department of Motor Vehicles report of CONTRACTOR'S driving record.

In order for CONTRACTOR to be able to use a private vehicle during the performance of this Contract, CONTRACTOR shall, at the CONTRACTORS own cost, maintain vehicle liability insurance at least equal to the minimum requirements of the California Vehicle Code. Failure to comply with the requirements of this Paragraph shall be deemed cause for termination of this Contract, pursuant to Section IV.

E. EVIDENCE OF ELIGIBILITY TO WORK

CONTRACTOR shall submit evidence of eligibility to work in the United States and verification of identity within three (3) working days of the effective date of this Contract. CONTRACTOR shall submit to and successfully complete a pre-employment background check, including a medical

examination through the County's Center for Employee Health and Wellness. This provision is satisfied if CONTRACTOR is a current employee who previously met the requirement of this provision.

F. DIRECT DEPOSIT

CONTRACTOR must make and maintain arrangements for the direct deposit of paychecks into the financial institution of their choice via electronic fund transfer. Inability or failure by CONTRACTOR to make such arrangements will result in the County paying CONTRACTOR via pay card.

G. CONFIDENTIALITY

CONTRACTOR agrees to keep confidential all County data, including, but not limited to, patient data, design concepts, algorithms, programs, formats, documentation, vendor proprietary information and all other original materials produced, created by or provided by ARMC. In addition, upon termination of this Contract, CONTRACTOR agrees to return all confidential materials to the ARMC CEO or his/her designee. As provided in Section III of this Contract, Contractor agrees to follow all County policies, procedures, and standard practices, as well as the Code of Conduct. Contractor shall comply with all applicable laws, rules, regulations, court orders and governmental agency orders.

H. MISCELLANEOUS

Government Code section 53243.2 requires the following provision be included in this Contract: If this Contract is terminated, any cash settlement related to the termination that CONTRACTOR may receive from the County shall be fully reimbursed to the County if CONTRACTOR is convicted of a crime involving an abuse of his or her office or position, as defined in Section 53243.4.

VII. CONCLUSION

- A. This contract, consisting of ten (10) pages and Attachment A, is the full and complete document describing services regarding the CONTRACTOR's rights and obligations of the parties, including all covenants, conditions, and benefits.
- B. This Contract may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Contract. The parties shall be entitled to sign and transmit an electronic signature of this Contract (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Contract upon request.

SIGNATURE on following page

SAN BERNARDINO COUNTY

► 
Dawn Rowe, Chair, Board of Supervisors

Dated: AUG 04 2026

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

By 

Lynn Wong
Clerk of the Board of Supervisors
San Bernardino County
Deputy

Signed by:
By ► 
D4875688028049C
(Authorized signature - sign in blue ink)

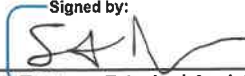
Name John H. Brill, MD
(Print or type name of person signing contract)

Title ARMC Chief Medical Officer
(Print or Type)

Dated: 07/23/2026

Address Address on File

FOR COUNTY USE ONLY

Approved as to Legal Form
► 
Signed by:
Scott Runyan, Principal Assistant County Counsel

Date 07/24/2026

Reviewed for Contract Compliance
► _____

Date _____

Reviewed/Approved by Department
► 
Andrew Goldfrach, ARMC Chief Executive Officer

Date 7/24/26

ATTACHMENT A

Exempt Effective 02/21/2026

Exempt Compensation Plan - Salary Table



Eff. 02/21/2026	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10	Step 11	Step 12	Step 13	Step 14	Step 15	Step 16	Step 17
117C Hourly	158.33	162.23	166.21	170.31	174.52	178.79	183.20	187.73	192.35	197.10	201.87	206.96	212.06	217.31	222.73	228.30	
Appx. Bi-wkly	12,868.40	12,978.40	13,296.80	13,624.80	13,961.60	14,303.20	14,655.00	15,018.40	15,388.00	15,768.00	16,157.60	16,556.80	16,964.80	17,384.80	17,818.40	18,264.00	
Appx. Monthly	27,443.87	28,119.87	28,808.73	29,520.40	30,250.13	30,990.27	31,754.67	32,538.87	33,340.67	34,164.00	35,008.13	35,873.07	36,757.07	37,667.07	38,606.53	39,572.00	
Appx. Annual	329,326.40	337,438.40	345,716.80	354,244.80	363,001.60	371,883.20	381,056.00	390,478.40	400,088.00	409,968.00	420,097.60	430,476.80	441,084.80	452,004.80	463,278.40	474,864.00	

Certificate Of Completion

Envelope Id: 5B2C7874-4EF5-80B6-80EB-4D76CA84C33D
 Subject: Complete with Docusign: CON - ARMC - 8-4-26 - John Brill Chief Medical Officer.pdf
 Source Envelope:
 Document Pages: 11
 Certificate Pages: 5
 AutoNav: Enabled
 Envelope Stamping: Enabled
 Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Completed

Envelope Originator:
 Rae Pierce
 400 N Pepper
 Colton, CA 92324
 PierceRa@armc.sbcounty.gov
 IP Address: 170.164.249.29

Record Tracking

Status: Original
 7/24/2026 8:19:31 AM

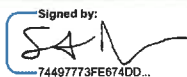
Holder: Rae Pierce
 PierceRa@armc.sbcounty.gov

Location: DocuSign

Signer Events

Scott Runyan
 srunyan@cc.sbcounty.gov
 Security Level: Email, Account Authentication
 (None)

Signature

Signed by:

 74497773FE674DD...

Signature Adoption: Drawn on Device
 Using IP Address: 155.190.3.64

Timestamp

Sent: 7/24/2026 8:20:40 AM
 Viewed: 7/24/2026 8:21:30 AM
 Signed: 7/24/2026 8:22:02 AM

Electronic Record and Signature Disclosure:

Accepted: 7/24/2026 8:21:30 AM
 ID: 103f57ce-2798-4b98-ac16-0731b7cf40b7

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Rae Pierce
 PierceRa@armc.sbcounty.gov
 ARMC

Security Level: Email, Account Authentication
 (None)

Electronic Record and Signature Disclosure:

Not Offered via Docusign

COPIED

Sent: 7/24/2026 8:20:41 AM

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent	Hashed/Encrypted	7/24/2026 8:20:41 AM
Certified Delivered	Security Checked	7/24/2026 8:21:30 AM
Signing Complete	Security Checked	7/24/2026 8:22:02 AM
Completed	Security Checked	7/24/2026 8:22:02 AM

Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Arrowhead Regional Medical Center DocuSign (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Arrowhead Regional Medical Center DocuSign:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: chhup@armc.sbcounty.gov

To advise Arrowhead Regional Medical Center DocuSign of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at chhup@armc.sbcounty.gov and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Arrowhead Regional Medical Center DocuSign

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to chhup@armc.sbcounty.gov and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Arrowhead Regional Medical Center DocuSign

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to chhup@armc.sbcounty.gov and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Arrowhead Regional Medical Center DocuSign as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Arrowhead Regional Medical Center DocuSign during the course of your relationship with Arrowhead Regional Medical Center DocuSign.

Certificate Of Completion

Envelope Id: 82D906B0-CFA4-8E75-8026-889F89B63234
 Subject: Complete with Docusign: CON - ARMC - 8-4-26 - John Brill Chief Medical Officer.pdf
 Source Envelope:
 Document Pages: 11
 Certificate Pages: 5
 AutoNav: Enabled
 EnvelopeId Stamping: Enabled
 Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Completed

Envelope Originator:
 Rae Pierce
 400 N Pepper
 Colton, CA 92324
 PierceRa@armc.sbcounty.gov
 IP Address: 170.164.249.29

Record Tracking

Status: Original
 7/23/2026 4:09:47 PM

Holder: Rae Pierce
 PierceRa@armc.sbcounty.gov

Location: DocuSign

Signer Events

John H. Brill, MD
 brillj@armc.sbcounty.gov
 Security Level: Email, Account Authentication (None)

Signature

Signed by:

 D487E3B8C28D49C...

Signature Adoption: Pre-selected Style
 Using IP Address: 170.164.249.29

Timestamp

Sent: 7/23/2026 4:13:55 PM
 Viewed: 7/23/2026 4:42:52 PM
 Signed: 7/23/2026 4:43:28 PM

Electronic Record and Signature Disclosure:
 Accepted: 7/23/2026 4:42:52 PM
 ID: 13125d09-d6f6-47b3-ae7d-458523395c24

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

ARMC-BAI Contracts Team
 ARMC-BAIContractsTeam@armc.sbcounty.gov
 Security Level: Email, Account Authentication (None)

COPIED

Sent: 7/23/2026 4:13:55 PM

Electronic Record and Signature Disclosure:
 Accepted: 11/19/2025 9:08:27 AM
 ID: 98879afb-f15d-4508-8022-a445d3598147

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Event	Status	Timestamp
Envelope Sent	Hashed/Encrypted	7/23/2026 4:13:55 PM
Certified Delivered	Security Checked	7/23/2026 4:42:52 PM
Signing Complete	Security Checked	7/23/2026 4:43:28 PM
Completed	Security Checked	7/23/2026 4:43:28 PM

Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Arrowhead Regional Medical Center DocuSign (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Arrowhead Regional Medical Center DocuSign:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: chhup@armc.sbcounty.gov

To advise Arrowhead Regional Medical Center DocuSign of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at chhup@armc.sbcounty.gov and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Arrowhead Regional Medical Center DocuSign

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to chhup@armc.sbcounty.gov and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Arrowhead Regional Medical Center DocuSign

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to chhup@armc.sbcounty.gov and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Arrowhead Regional Medical Center DocuSign as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Arrowhead Regional Medical Center DocuSign during the course of your relationship with Arrowhead Regional Medical Center DocuSign.