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Contract Number

24-468

SAP Number

ARROWHEAD REGIONAL MEDICAL CENTER

Department Contract Representative	Andrew Goldfrach
Telephone Number	(909) 580-6150
Contractor	Platinum Dermatology Partners, LLC d/b/a West Dermatology, LLC
Contractor Representative	Brook Brouha, MD
Telephone Number	(858) 280-3635
Contract Term	July 1, 2024 through June 30, 2029
Original Contract Amount	Non-Financial
Amendment Amount	N/A
Total Contract Amount	N/A
Cost Center	8242

AFFILIATION AGREEMENT FOR RESIDENCY ROTATIONS

This Affiliation Agreement for Residency Rotations ("Agreement") is entered into by and between San Bernardino County ("County") on behalf of Arrowhead Regional Medical Center ("Medical Center," or "ARMC") and Platinum Dermatology Partners, LLC d/b/a West Dermatology, LLC West Dermatology ("Affiliate").

WITNESSETH:

WHEREAS, ARMC has an approved Graduate Medical Education ("GME") program for medical school graduates ("Residents") and operates several residency program which requires clinical experiences and training for its Residents in accordance with the requirements of the Accreditation Council for Graduate Medical Education ("ACGME");

WHEREAS, Affiliate operates a clinical facility which is suitable to provide the required clinical experiences and training for ARMC's Residents;

WHEREAS, the parties acknowledge a desire to contribute to health related education for the benefit of ARMC's Residents and to meet community needs;

WHEREAS, it is to the benefit of the parties that those in ARMC's Residents have the opportunity for clinical experience to enhance their capabilities as practitioners;

WHEREAS, the facilities of each party have unique attributes that are of benefit to ARMC's Residents in their training, and the parties have agreed that certain specified ARMC Resident(s) should participate in clinical rotations at Affiliate's facility(ies); and

WHEREAS, Affiliate has agreed to accept certain ARMC Resident(s) for training at Affiliate's facility(ies) in accordance with the terms and conditions of this Agreement; and

NOW, THEREFORE, the parties hereto enter into this Agreement as a full statement of their respective responsibilities during the term of this Agreement, and in consideration of the representations made above and the covenants and conditions set forth herein, the parties agree as follows:

I. General Information

A. General Relationship

Based upon the terms and conditions set forth in this Agreement, Affiliate shall make its facilities available to Residents from ARMC for the purpose of receiving clinical teaching and supervision in the specific specialties agreed upon by the parties and for which the parties have entered into a Program Letter of Agreement ("PLA")(Exhibit 1). The number of ARMC Residents, the duration of rotation, and schedule for the rotations at Affiliate shall be determined based on the PLA and mutual agreement by the parties. All actions taken as a result of this Agreement shall be in accordance with the Affiliate and ARMC rules and regulations that are in effect during the term of the Agreement.

B. Standards of Operations

The parties, at their own expense, shall operate and maintain their respective facilities in accordance with the standards prescribed and maintained by The Joint Commission ("TJC"), state and federal law, and other applicable accrediting agencies.

C. ACGME Affiliation Approval

The parties understand and agree that if this Agreement is not acceptable to and/or is found not to meet the standards prescribed by the ACGME at any time, now or in the future, this Agreement shall be immediately terminated upon written notice by one party to the other party.

D. Licenses

The parties shall, through the term of this Agreement, maintain any license(s) or verify the maintenance of such license(s) necessary for the provision of the Resident(s) services hereunder as required by the laws and regulations of the United States, the State of California, County of San Bernardino and all other applicable governmental agencies and accrediting bodies. Each party shall notify the other party immediately in writing of its inability to obtain or maintain such license(s). Said inability shall be cause for immediate termination of this Agreement as determined solely by the party receiving such notice; the prior 30 day advanced written notice of termination set forth in Section XII of this Agreement shall not be required.

II. Training Issues and Duties

A. Residency Specialties

ARMC shall have knowledge of all residency programs at Affiliate in which Residents from ARMC participate.

B. Rotation Directors and Supervising Physicians

Affiliate will designate qualified members of its medical staff to provide coordination and oversight of ARMC Residents' educational activities and assignments while training at Affiliate. Such persons shall be the Site Director.

C. Patients

The parties agree that all patients of Affiliate may be part of the clinical training program, if agreed to by the patient's treating physician and the patient. It is understood and agreed that it is the responsibility of

Affiliate and its medical staff members to assure consent has been obtained from each patient prior to allowing ARMC Resident(s) to attend to any such patient as part of the training program at Affiliate.

D. Confidentiality

The parties both agree to maintain confidentiality of patient records and information in accordance with all applicable state and federal laws, regulations, guidelines and directives relating to confidentiality of patient records and protected health information.

E. Non-Discrimination

The parties agree to make no unlawful distinction among Resident(s) covered by this Agreement on the basis of race, color, sex, sexual orientation, creed, age, disability, religion, national origin, or any other legally protected status based on California and federal laws.

F. Resident Decorum

Affiliate shall notify the Program Director for the applicable residency program at ARMC if any ARMC Resident's conduct is found unacceptable to Affiliate. ARMC shall take appropriate action to correct the unacceptable conduct of the Resident(s) in accordance with the policies and procedures or rules and regulations of ARMC's residency program. ARMC shall advise Resident(s) of their responsibility to abide by Affiliate's policies, as applicable, including, but not limited to, patient confidentiality and the Drug Free Workplace Act. Affiliate agrees to orient such Resident(s) to its policies and procedures for which they will be held accountable. Affiliate agrees to provide ARMC's Resident(s) with its own Resident Information Handbook or equivalent.

G. Corrective Action/Grievance

ARMC will adhere to its own policies concerning graduate medical education issues, including academic discipline, complaints and grievances from their Resident(s). An individual Resident's disciplinary problems relating to conduct at Affiliate shall be evaluated jointly by ARMC and Affiliate in conference. Any corrective action shall be undertaken consistent with the policies of the ARMC's residency program, but Affiliate may immediately remove from its facilities and bar from returning any Resident who poses an immediate threat or danger to personnel or patients or to the quality of medical services at Affiliate, based on the reasonable discretion of Affiliate.

H. Medical Licensure

All Resident(s) shall meet and comply with either the requirements regarding state licensure or the applicable postgraduate training registration requirements of the Medical Board of California or Osteopathic Board of California.

I. Resident Duties

The duration of ARMC Resident rotations and scope of activities of Residents at Affiliate shall be jointly determined by the parties consistent with the PLA. The general duties of the Resident(s) shall include, but not be limited to, the following: histories and physical examinations, discharge summaries, consultations, care for patients and respective services, surgical and medical procedures and outpatient clinic service, under supervision by members of the medical staff as appropriate.

J. Medical Records

Medical records may be completed by the Resident(s) in compliance with the standard and restrictions imposed by the applicable regulatory agencies and laws. The parties understand and agree, however, that the ultimate and final responsibility for medical records completion lies with Affiliate's Medical Staff members, not ARMC.

K. Responsibilities of ARMC

In addition to those other responsibilities of ARMC as set forth in this Agreement, ARMC shall be responsible for the following: (a) ensuring that the applicable Program Director at ARMC is reasonably available for consultation with Affiliate, ARMC Resident(s), and supervising faculty for all purposes associated with the residency program; (b) retaining responsibility for the overall planning, administration

and coordination of the residency programs at ARMC; (c) informing all of its Residents who rotate through Affiliate of the requirement to abide by the applicable policies, rules and regulations and bylaws of Affiliate. Affiliate may, at its reasonable discretion, remove from rotation and from Affiliate's premises any ARMC Resident who materially fails to follow such policies, rules and regulations; (d) informing each ARMC Resident of the requirement to carry an identification card issued by Affiliate and to conspicuously display his/her name badge when engaging in rotation activities at Affiliate; (e) assisting in the planning and implementation of the clinical education program relating to ARMC Residents' training at Affiliate; and (f) operating its residency program in accordance with federal, state and local laws, rules and regulations.

L. Responsibilities of Affiliate

In addition to the other obligations of Affiliate as set forth in this Agreement, Affiliate agrees to:

1. Assist in the planning and implementation of the clinical education program and to supervise and instruct the assigned ARMC Resident(s) during their clinical rotations at Affiliate;
2. Designate a qualified member of Affiliate's medical staff as the Site Director who will be responsible for the educational and experiential supervision of the Resident(s) in the implementation of the clinical experience;
3. Permit assigned ARMC Resident(s) to use its patient care and patient service facilities for clinical education according to the mutually approved curricula;
4. Retain responsibility for nursing care and related duties when Resident(s) are providing care to any patient at Affiliate;
5. Permit ARMC Residents the use of such supplies and equipment as are commonly available to physicians for patient care at Affiliate;
6. Permit use of the following facilities and services by ARMC Resident(s), where reasonably available:
 - a. Parking areas;
 - b. Locker storage and dressing facilities, and sleep rooms for overnight call duty, as available;
 - c. Access to sources of information for clinical education purposes:
 - i. charts, nursing station references, cardex files;
 - ii. procedure guides, policy manuals;
 - iii. medical dictionaries, pharmacology references and other reference suitable to the clinical area;
 - iv. required health information relating to Affiliate patients
7. Retain the right to remove, suspend or refuse access to any ARMC Resident(s) who, in Affiliate's reasonable discretion, determines has failed to abide by Affiliate's policy(ies) and procedure(s) and/or who do not meet Affiliate's standards for safety, health, cooperation, or ethical behavior, and during any pending investigations of such conduct by Affiliate.
8. Comply with federal, state and local laws and ordinances concerning the confidentiality of Resident(s) records;
9. Invite the participation of Resident(s) to such educational activities as conferences, rounds, and similar experiences including utilization review, quality assurance, evaluation and monitoring activities, as deemed appropriate by Affiliate;
10. Require Resident(s) and instructors to participate, to the extent scheduled or otherwise requested and approved by Affiliate, in activities and assignments that are of educational value and consistent with the requirements of the ACGME;

11. Require Resident(s) to participate in orientation programs provided by Affiliate, including training for compliance with the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA);
12. Require Residents to cooperate in performance improvement and risk management activities designed to identify, evaluate and reduce risk of patient injury and enhance the quality of patient care;
13. Require Residents to cooperate in the preparation and maintenance of a complete medical record for each patient in whose care he/she participates in compliance with all state and federal laws and regulations, TJC and ACGME and ARMC's Bylaws, Rules and Regulations and policies, where applicable. The medical record for Affiliate patients shall, at all times, remain the property of Affiliate;
14. Retain ultimate professional and administrative accountability for all patient care for patients at Affiliate;
15. Audit the duty hours of Residents assigned to it and will assure that these duty hours will not exceed the work hour restrictions imposed by the ACGME.
16. Take reasonable measures to provide the following to ARMC Residents that train at Affiliate under this Agreement:
 - a. Orientation to and information about Affiliate's security measures, fire safety and disaster protocols, and any additional recommended personnel safety and security precautions;
 - b. Instruction in Affiliate's policies and procedures for infection control including the handling and disposal of needles and other sharp objects, and in protocols for injuries and incident reporting including those resulting from needle stick injuries and other exposures to blood or body fluids; and
 - c. First aid and other emergency treatment available on-site, including, but not limited to, immediate evaluation for risk of infection and appropriate follow-up care of Resident in the event of a needle stick injury or other exposure of Resident to blood or body fluids.

M. Direct Supervision

While obtaining training at Affiliate, the clinical activities of Resident(s) shall be directly supervised by Affiliate's Medical Staff Member Physicians in good standing who shall be called "Supervising Physicians". A Supervising Physician shall be responsible for the overall direction and management of each Resident's performance while at Affiliate.

N. Evaluation of Resident(s)

Affiliate agrees that its Supervising Physicians shall provide to ARMC's Residency Program written reports which document and evaluate the participation of ARMC's Residents in the rotation at Affiliate in procedures and activities and the skills with which they were performed. Affiliate shall be responsible to provide such evaluation forms to ARMC in the timeframe and frequency requested by ARMC.

O. Medical Staff Membership

The presence of Resident(s) from ARMC at Affiliate is based upon their continued participation in ARMC's Residency Training Program. As such, it is understood and agreed that Resident(s) assigned to Affiliate shall not be granted medical staff membership or privileges at Affiliate during their rotation as part of their educational requirement in the Residency Training Program.

P. ACGME HIPAA Business Associates Agreement

Each party affirms it has signed a Business Associates Agreement with ACGME where required.

III. Payment and Billing

Neither party shall bill the other party for the services rendered by ARMC's Residents during their rotations at Affiliate's facilities. Unless otherwise permitted by law, Affiliate shall not bill Medicare or any other governmental program for services rendered by ARMC's Residents during their rotation at Affiliate's facilities.

IV. Insurance

A. **Affiliate.** Without in anyway affecting the indemnity herein provided and in addition thereto, Affiliate shall secure and maintain throughout the term of this Agreement the following types of insurance or program of self-insurance with limits as shown:

1. Workers' Compensation/Employers Liability – A program of Workers' Compensation insurance or a state-approved, self-insurance program in an amount or form to meet all applicable requirements of the Labor Code of the State of California, including Employer's Liability with \$250,000 limits, covering all persons including volunteers providing services on behalf of the party and all risks to such persons under this Agreement.

Each party agrees to maintain Worker's Compensation insurance as required under California State Law covering all persons providing services at their respective facilities, except that Affiliate's policy need not cover the ARMC Residents while training at Affiliate unless required by law.

2. Comprehensive General Liability Insurance - General Liability Insurance covering all operations performed by or on behalf of each party, providing coverage for bodily injury and property damage with a combined single limit of not less than one million dollars (\$1,000,000), per occurrence. The policy coverage shall include:
 - (a) Premises operations and mobile equipment
 - (b) Products and completed operations.
 - (c) Broad form property damage (including completed operations).
 - (d) Explosion, collapse and underground hazards
 - (e) Personal injury
 - (f) Contractual Liability
 - (g) \$2,000,000 general aggregate limit.
3. Automobile Liability Insurance – Primary insurance coverage shall be written on ISO Business Auto coverage form for all owned, hire and non-owned automobiles or symbol 1 (any auto). The policy shall have a combined single limit of not less than one million dollars (\$1,000,000) for bodily injury and property damage, per occurrence.

If the Affiliate owns no autos, a non-owned auto endorsement to the General Liability policy described above is acceptable.

4. Umbrella Liability Insurance – An umbrella (over primary) or excess policy may be used to comply with limits or other primary coverage requirements. When used, the umbrella policy shall apply to bodily injury/property damage, personal injury/advertising injury and shall include a "dropdown" provision providing primary coverage for any liability not covered by the primary policy. The coverage shall also apply to automobile liability.
5. Professional Liability – Professional liability insurance with limits not less than one million (\$1,000,000) per claim or occurrence and two million (\$2,000,000) aggregate limits.

If any of the required insurance coverage is provided on a "claims made" policy, the "retroactive date" shall be shown and must be before the effective date of the Agreement. The claims made insurance shall be maintained or "tail" coverage provided for a minimum of five (5) years after the termination or expiration of the Agreement.

6. Abuse/Molestation Insurance – Affiliate shall have abuse or molestation insurance providing coverage for all employees, instructors, faculty, for the actual or threatened abuse or molestation by anyone of any person in the care, custody, or control of any insured, including negligent employment, investigation and supervision. The policy shall provide coverage for both defense and indemnity with liability limits of not less than one million dollars (\$1,000,000) with a two million dollars (\$2,000,000) aggregate limit.

- B. **County** – County represents it is an authorized self-insured public entity for purposes of Professional Liability, General Liability, Automobile Liability and Workers' Compensation and warrant that through its programs of self-insurance, it has adequate coverage or resources to protect against liabilities arising out of the performance of the terms, conditions or obligations of this Agreement. County further represents that its professional liability insurance provides coverage for the professional negligence of any Resident while providing services at Affiliate's facility under this Agreement.
- C. Proof of Coverage – Upon request by a party, the other party shall furnish Certificates of Insurance or documentation of self-insurance to the requesting party evidencing the insurance coverage as required under this Agreement.

V. Indemnification:

- A. County agrees to indemnify, defend, and hold harmless Affiliate, its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages and/or liability arising out of this Agreement caused by the negligence or willful misconduct of ARMC. County also agrees to indemnify, defend, and hold harmless Affiliate, its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages and/or liability arising out of this Agreement caused by the professional negligence of ARMC Residents occurring in the course and scope of their rotations at Affiliate's facility under this Agreement, except where the act or omission of the ARMC Resident that caused harm was undertaken at the direction or supervision of Affiliate, its officers, employees, agents, and volunteers.
- B. Affiliate agrees to indemnify, defend, and hold harmless County, its authorized officers, employees, agents, and volunteers from any and all claims, actions, losses, damages and/or liability arising out of this Agreement caused by the negligence or willful misconduct of Affiliate, its officers, employees, subcontractors, agents, and volunteers.
- C. The indemnification obligations under this Agreement will survive expiration or termination of the Agreement, regardless of the cause of such termination.

VI. OSHA Regulation

Affiliate and ARMC certify awareness of the Occupational Safety and Health Administration (OSHA) of the U.S. Department of Labor, the derivative Cal/OSHA standards and laws and regulations relating thereto, and shall comply therewith as to all relative elements under this Agreement. ARMC shall be responsible for compliance by Residents with the final regulations issued by the Occupational Safety and Health Administration governing employee exposure to blood borne pathogens in the workplace under Section VI(b) of the Occupational Safety and Health Act of 1970, which regulations became effective March 6, 1992 and as may be amended or superseded from time to time (the "Regulations"), including but not limited to responsibility as "the employer" to provide all employees with (a) information and training about the hazards associated with blood and other potentially infectious materials, (b) information and training about the protective measures to be taken to minimize the risk of occupational exposure to blood borne pathogens, (c) training in the appropriate actions to take in an emergency involving exposure to blood and other potentially infectious materials, and (d) information as to the reasons the employee should participate in hepatitis B vaccination and post-exposure evaluation and follow-up. ARMC's

responsibility with respect to the Regulations also shall include the provision of the hepatitis B vaccination in accordance with the Regulations.

VII. Status of Affiliate and the County:

The parties expressly understand and agree that this Agreement is not intended and shall not be construed to create the relationship of agent, servant, employee, partnership, joint venture, or association between Affiliate on the one hand and the County on the other hand, but rather is an agreement by and between independent contractors.

VIII. Publicity

Neither Affiliate nor ARMC shall cause to be published or disseminated any advertising materials, either printed or electronically transmitted, which identify the other party or its facilities with respect to the Program without the prior written consent of the other party.

IX. Debarment and Suspension

The parties respectively certifies that neither they nor any of their principals and officers are presently disbarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. (See the following United States General Services Administration's System for Award Management website <https://www.sam.gov>). The parties each further certify that if it is a business entity that must be registered with the California Secretary of State, it is registered and in good standing with the Secretary of State. Each party represents and warrants that it is not and at no time has been convicted of any criminal offense related to health care nor has been debarred, excluded, or otherwise ineligible for participation in any federal or state government health care program, including Medicare and Medicaid. Further, each party represents and warrants that no proceedings or investigations are currently pending or to the party's knowledge threatened by any federal or state agency seeking to exclude the party from such programs or to sanction the party for any violation of any rule or regulation of such programs.

X. Exclusion Lists Screening

Each party shall screen all of its current and prospective owners, legal entities, officers, directors, employees, contractors, and agents ("Screened Persons") against (a) the United States Department of Health and Human Services/Office of Inspector General ("OIG") List of Excluded Individuals/Entities (available through the Internet at <http://www.oig.hhs.gov>); (b) the General Services Administration's System for Award Management (available through the internet at <http://www.sam.gov>), and (c) any applicable state healthcare exclusion list (collectively, the "Exclusion Lists") to ensure that none of the Screened Persons are currently excluded, debarred, suspended, or otherwise ineligible to participate in Federal healthcare programs or in Federal procurement or nonprocurement programs, or have been convicted of a criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a), but have not yet been excluded, debarred, suspended, or otherwise declared ineligible (each, an "Ineligible Person"). If, at any time during the term of this Agreement any Screened Person becomes an Ineligible Person or proposed to be an Ineligible Person, the party who determined the existence of the Ineligible Person shall immediately notify the other party of the same.

XI. Exclusivity

This Agreement is nonexclusive and does not affect either party's ability to contract with other entities for the same type of services.

XII. Term and Termination

A. This Agreement shall be effective on July 1, 2024 to June 30, 2029 for a term of five years, unless earlier terminated by the parties under the provisions of this Agreement.

- B. This Agreement may be terminated, with or without cause, by either party at any time after giving the other party thirty (30) days advance written notice of its intention to terminate. The Director of ARMC is authorized to initiate termination on behalf of the County. Any termination by Affiliate shall not be effective as to any ARMC Resident who at the mailing of said notice to County was participating in the Program until such Resident has completed the training at the Affiliate for the then current academic year.
- C. Any written notice given under this Agreement shall be delivered personally or sent, postage prepaid, by certified mail, return receipt requested, to the following person(s) as the case may be:

Arrowhead Regional Medical Center
400 N. Pepper Avenue
Colton, CA 92324
Attn: Director, Medical Center

Platinum Dermatology Partners, LLC d/b/a West Dermatology, LLC
12700 Park Central Drive, Suite 1210
Dallas, Texas 75251

If notice is provided by mail, it is deemed effective two business days from the date of mailing.

XIII. Modification

No modification, amendment, supplement to, or waiver of any provision of this Agreement shall be binding upon the parties unless made in writing and duly signed by all parties.

XIV. Assignment

Neither party hereto shall assign its rights or obligations in this Agreement without the express written consent of the other party.

XV. Rules of Construction

The language in all parts of this Agreement shall in all cases be construed as a whole, according to its fair meaning, and not strictly for or against either party. Section headings in this Agreement are for convenience only and are not to be construed as a part of this Agreement or in any way limiting or amplifying the provisions hereof. All pronouns and any variations thereof shall be deemed to refer to the masculine, feminine, neuter, singular or plural, as the identifications of the person or persons, firm or firms, corporation or corporations may require.

XVI. Entire Agreement

This Agreement contains the final, complete, and exclusive agreement between the parties hereto. Any prior agreements, promises, negotiations or representations relating to the subject matter of this Agreement not expressly set forth herein are of no force or effect. This Agreement is executed without reliance upon any promise, warranty, or representation by any party or any representative of any party other than those expressly contained herein. Each party has carefully read this Agreement and signs the same of its own free will. No waiver of any of the provisions of this Agreement shall be deemed or shall constitute a waiver of any other provision whether or not similar nor shall any waiver constitute a continuing waiver.

XVII. Governing Law and Venue.

This Agreement is made and entered into in the State of California, and shall in all respects be interpreted, enforced, and governed by and under the laws of the State of California. The parties acknowledge and agree that this Agreement was entered into and intended to be performed in San Bernardino County, California. The parties agree that the venue of any action or claim brought by any party to this Agreement will be the

Superior Court of California, County of San Bernardino, San Bernardino District. Each party hereby waives any law or rule of the court, which would allow them to request or demand a change of venue. If any action or claim concerning this Agreement is brought by any third-party and filed in another venue, the parties hereto agree to use their best efforts to obtain a change of venue to the Superior Court of California, County of San Bernardino, San Bernardino District.

XVIII. Counterparts and Electronic Signatures

This Agreement 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 Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (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 Agreement upon request.

XIX. Conflict of Interest

The parties hereto and their respective employees or agents shall have no interest, and shall not acquire any interest, direct or indirect, which will conflict in any manner or degree with the performance of services or obligations required by this Agreement.

XX. Severability

The provisions of this Agreement are specifically made severable. If any clause, provision, right and/or remedy provided herein is unenforceable or inoperative, the remainder of this Agreement shall be enforced as if such clause, provision, right and/or remedy were not contained herein.

XXI. Authorization

The undersigned individuals represent that they are fully authorized to execute this Agreement on behalf of the named parties.

XXII. Accreditation/License

Any action or failure to act on the part of either party that result in the threatened loss of accreditation or licensure of the other party ("Non-Fault Party") will be considered a material breach of this Agreement, which permits the Non-Fault Party to terminate this Agreement immediately, effective upon service of notice of termination.

XXIII. Standards and Regulatory Compliance

All applicable provisions of law and other rules and regulations of any and all governmental authorities relating to the licensure and regulation of ARMC and to the operation of the Program shall be fully complied with by all parties hereto.

XXIV. Campaign Contribution Disclosure (SB 1439)

Affiliate has disclosed to the County using Attachment 1 - Campaign Contribution Disclosure Senate Bill 1439, whether it has made any campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, Auditor-Controller/Treasurer/Tax Collector and the District Attorney] within the 12 months before the date this Agreement was approved by the County Board of Supervisors. Affiliate acknowledges that under Government Code section 84308, Affiliate is prohibited from making campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer for 12 months after the County's consideration of the Agreement.

In the event of a proposed amendment to this Agreement, Affiliate will provide the County a written statement disclosing any campaign contribution(s) of more than \$250 to any member of the Board of Supervisors or other County elected officer within the preceding 12 months of the date of the proposed amendment.

Campaign contributions include those made by any agent/person/entity on behalf of the Affiliate or by a parent, subsidiary or otherwise related business entity of Affiliate.

IN WITNESS whereof, this Agreement has been executed by the parties hereto as of the day and year signed by the parties below.

SAN BERNARDINO COUNTY ON BEHALF OF
ARROWHEAD REGIONAL MEDICAL CENTER

▶ *Dawn Rowe*
Dawn Rowe, Chair, Board of Supervisors

Dated: JUN 11 2024
SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

By *Lynna Monell*
Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County


PLATINUM DERMATOLOGY PARTNERS,
LLC d/b/a WEST DERMATOLOGY, LLC

DocuSigned by:
[Signature]
4547367F-CB28-4BD4-9EC5-7BFCCB6D24CA
(Authorized signature - sign in blue ink)

Name Michael Pennington
(Print or type name of person signing contract)

Title CEO
(Print or Type)

Dated: 5/1/2024

Address 12700 Park Central Drive
Suite 1210
Dallas, TX 75251

FOR COUNTY USE ONLY

Approved as to Legal Form
▶ *[Signature]*
Charles Phan, Supervising Deputy County
Counsel

Date 5/3/2024

Reviewed for Contract Compliance
▶ _____

Date _____

Reviewed/Approved by Department
▶ *[Signature]*
Andrew Goldfract, Chief Operation Officer

Date 5/3/2024



ATTACHMENT 1 Campaign Contribution Disclosure (SB 1439)

DEFINITIONS

Actively supporting the matter: (a) Communicate directly with a member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, District Attorney, Auditor-Controller/Treasurer/Tax Collector] for the purpose of influencing the decision on the matter; or (b) testifies or makes an oral statement before the County in a proceeding on the matter for the purpose of influencing the County's decision on the matter; or (c) communicates with County employees, for the purpose of influencing the County's decision on the matter; or (d) when the person/company's agent lobbies in person, testifies in person or otherwise communicates with the Board or County employees for purposes of influencing the County's decision in a matter.

Agent: A third-party individual or firm who, for compensation, is representing a party or a participant in the matter submitted to the Board of Supervisors. If an agent is an employee or member of a third-party law, architectural, engineering or consulting firm, or a similar entity, both the entity and the individual are considered agents.

Otherwise related entity: An otherwise related entity is any for-profit organization/company which does not have a parent-subsidary relationship but meets one of the following criteria:

- (1) One business entity has a controlling ownership interest in the other business entity;
- (2) there is shared management and control between the entities; or
- (3) a controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.

For purposes of (2), "shared management and control" can be found when the same person or substantially the same persons own and manage the two entities; there are common or commingled funds or assets; the business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis; or there is otherwise a regular and close working relationship between the entities.

Parent-Subsidiary Relationship: A parent-subsidiary relationship exists when one corporation has more than 50 percent of the voting power of another corporation.

Contractors must respond to the questions on the following page. All references to "Contractor" refer to Affiliate. If a question does not apply respond N/A or Not Applicable.

1. Name of Contractor: Plantinum Dermatology Partners
2. Is the entity listed in Question No.1 a nonprofit organization under Internal Revenue Code section 501(c)(3)?
 Yes If yes, skip Question Nos. 3-4 and go to Question No. 5 No X
3. Name of Principal (i.e., CEO/President) of entity listed in Question No. 1, if the individual actively supports the matter and has a financial interest in the decision: Michael Pennington
4. If the entity identified in Question No.1 is a corporation held by 35 or less shareholders, and not publicly traded ("closed corporation"), identify the major shareholder(s):

5. Name of any parent, subsidiary, or otherwise related entity for the entity listed in Question No. 1 (see definitions above):

Company Name	Relationship
N/A	

6. Name of agent(s) of Contractor:

Company Name	Agent(s)	Date Agent Retained (if less than 12 months prior)
N/A		

7. Name of Subcontractor(s) (including Principal and Agent(s)) that will be providing services/work under the awarded contract if the subcontractor (1) actively supports the matter and (2) has a financial interest in the decision and (3) will be possibly identified in the contract with the County or board governed special district.

Company Name	Subcontractor(s):	Principal and/or Agent(s):
N/A		

8. Name of any known individuals/companies who are not listed in Questions 1-7, but who may (1) actively support or oppose the matter submitted to the Board and (2) have a financial interest in the outcome of the decision:

Company Name	Individual(s) Name
N/A	

9. Was a campaign contribution, of more than \$250, made to any member of the San Bernardino County Board of Supervisors or other County elected officer within the prior 12 months, by any of the individuals or entities listed in Question Nos. 1-8?

No If no, please skip Question No. 10.

Yes If yes, please continue to complete this form.

10. Name of Board of Supervisor Member or other County elected officer: _____

Name of Contributor: _____

Date(s) of Contribution(s): _____

Amount(s): _____

Please add an additional sheet(s) to identify additional Board Members or other County elected officers to whom anyone listed made campaign contributions.

By signing the Agreement, Contractor certifies that the statements made herein are true and correct. Contractor understands that the individuals and entities listed in Question Nos. 1-8 are prohibited from making campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer while award of this Agreement is being considered and for 12 months after a final decision by the County.



*The Heart of a
Healthy Community™*

**EXHIBIT 1
PROGRAM LETTER OF AGREEMENT**

This document serves as the required ACGME Program Letter of Agreement between *San Bernardino County on behalf of Arrowhead Regional Medical Center (ARMC) and Platinum Dermatology Partners, LLC dba West Dermatology, LLC* ("West Dermatology" or "Participating Site").

This document serves as an agreement between ARMC as sponsoring institution for the Emergency Medicine Residency Program and West Dermatology as the participating site for residency education for the rotation of Dermatology at West Dermatology.

This Program Letter of Agreement (PLA) is contingent upon and effective upon full execution by the parties of the Affiliation Agreement for Residency Rotations ("Affiliation Agreement") to which this PLA is attached and the term will run concurrently with the Affiliation Agreement. This PLA may be terminated by either party for any reason with 30 days written advance notice.

1. Persons Responsible for Education and Supervision

At ARMC (Sponsoring Institution): Carol H. Lee, MD

At West Dermatology (Participating Site): Brook Brouha, MD

The above mentioned people are responsible for the education and supervision of the ARMC residents while on a rotation at the Participating Site.

2. Responsibilities

The faculty at the Participating Site must provide appropriate supervision of residents in patient care activities and maintain a learning environment conducive to educating the residents in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

3. Content and Duration of the Educational Experiences

The content of the educational experiences has been developed according to the ACGME residency Program Requirements, and include the following goals and objectives:

DERMATOLOGY ROTATION: COMPETENCY-BASED GOALS AND OBJECTIVES

MEDICAL KNOWLEDGE

A. Anatomy/Physiology/Embryology

Goal: The resident will have knowledge of the development, function, and histology of skin. **Objectives:**



5. Participate in laser treatment for skin conditions including:

- Vascular lesions
- Pigmented lesions
- Unwanted hair
- Skin resurfacing

6. Know the options for pharmacologic treatment of aging skin.

PRACTICE BASED LEARNING AND IMPROVEMENT

Goal: The resident will investigate and evaluate his or her own patient care practices, appraise and assimilate scientific evidence, and improve patient care practices, as they related to diseases of the skin.

Objectives:

Use information technology to prepare for surgical cases and bring that knowledge to the O.R.

Analyze the effectiveness of own practices in caring for patients with diagnoses involving the skin.

Improve own practices in the care of patients by integrating appropriately gathered data and feedback.

Educate medical students and other healthcare professionals in the practice of skin care and prevention of skin cancer.

Function independently with graduated advancement and appropriate faculty supervision.

INTERPERSONAL AND COMMUNICATION SKILLS

Goal: The resident will demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates, as they apply to prevention and treatment of diseases of the skin.

Objectives:

Educate patients and their families about skin cancer and it's prevention.

Provide adequate counseling and informed consent to patients.

Listen to patients and their families regarding their concerns and level of understanding regarding skin care, skin cancer prevention, etc.

Chart and record accurate information regarding

The resident should have a working understanding of diagnosis and treatment of basic diseases of the skin such that he or she can explain the nature of the problem to the patient and address the treatment options and long term outcome.

SYSTEM BASED PRACTICE

Goal: The resident will demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Objectives:

Coordinate care of patients with lesions that are concerning for skin cancer. The resident should be able to biopsy appropriately using either incisional or excisional techniques or refer to the dermatologist for Moh's excision if appropriate.

Coordinate a plan of care in conjunction with a dermatologist.

Evaluate the patient's psychosocial situation in conjunction with family or a PCP such the appropriate reconstructive option is chosen after extirpation of a skin cancer.

Best evaluate whether a treatment plan should be office based, outpatient surgery, or inpatient surgery.

- II. Venous malformations
- III. Lymphatic malformations
- IV. Capillary malformations
- V. Arteriovenous malformations
- VI. Capillary-lymphatic-venous malformation (Klippel-Trenaunay syndrome)
- VII. Maffucci syndrome
- VIII. Parkes Weber syndrome

23. Vascular Tumors

- i. Hemangiomas
- ii. Kaposiform hemangioendothelioma
- iii. Pyogenic granuloma

Goal: The resident should demonstrate knowledge of the described skin lesions in each category. There should be a basic ability to recognize the morphologic and histologic features of the more common problems.

Objectives:

1. Understand the clinical presentation and the spectrum of severity of the disease.
2. Have a basic understanding of how to diagnose these skin problems.
3. Know the natural history of the untreated form of the disease.
4. Know the options for treatment of the various problems including creams, soaps, topical antibiotics, oral antibiotics, steroids, excisional therapy, laser, sun screens, and dermabrasion.
5. Know which conditions can be cured as opposed to just treated.
6. Be able to recommend maintenance therapy and screening for the patient.

F. Other

a. Disorders of Pigmentation

- i. Vitiligo
 - ii. Melasma
 - iii. Hyper/Hypopigmentation
- #### b. Alopecia

PATIENT CARE

Goal: Resident should be able to provide comprehensive, compassionate, and effective care for the patient with diseases of the skin.

Objectives:

1. Evaluate simple and complex cutaneous lesions and know the appropriate steps to diagnose and treat these lesions (based on size, location, and overall condition of patient).
2. Be able to list and describe the following types of biopsies, as well as perform them:
 - Punch biopsy
 - Needle biopsy
 - Excisional biopsy
 - Incisional biopsy
3. Participate in diagnostic and reconstructive plans for various skin lesions on the face and elsewhere on the body
4. Be able to plan when Moh's excision is necessary and be able to formulate a reconstructive plan post Moh's excision.

- ii. Poison Oak
- 5. Acne
- 6. Hidradenitis
- 7. Rosacea/Rhinophyma

Goal: The resident should demonstrate knowledge of the described skin lesions in each category. The resident should recognize the morphologic and histologic features of the more common conditions.

Objectives:

1. Understand the clinical presentation and the spectrum of severity of the disease.
2. Have a basic understanding of how to diagnose these skin problems.
3. Know the natural history of the untreated form of the disease.
4. Know the options for treatment of the various problems including creams, soaps, topical antibiotics, oral antibiotics, steroids, excisional therapy, laser, sun screens, and dermabrasion.
5. Know which conditions can be cured as opposed to just treated.
6. Be able to recommend maintenance therapy and screening for the patient.

D. Neoplastic Skin Problems

- 8. Actinic keratosis
- 9. Squamous Cell Cancer
- 10. Basal Cell Cancer
- 11. Merkel Cell Cancer
- 12. Melanoma
- 13. Dermatofibrosarcoma protuberans
- 14. Spindle Cell Cancer
- 15. Angiosarcoma

Goal: The resident should demonstrate knowledge of the described skin lesions in each category. The resident should recognize the morphologic and histologic features of the more common neoplastic skin diagnoses.

Objectives:

1. Understand the clinical presentation and the spectrum of severity of the disease.
2. Have a basic understanding of how to diagnose these skin problems.
3. Know the natural history of the untreated form of the disease.
4. Know the options for treatment of the various problems including creams, soaps, topical antibiotics, oral antibiotics, steroids, excisional therapy, laser, sun screens, and dermabrasion.
5. Be able to recite and explain the grading/staging system for malignant lesions.
6. Be able to recommend maintenance therapy and screening for the patient.

E. Congenital

- 13. Congenital Melanocytic Nevi
- 14. Giant Hairy Nevus
- 15. Nevus Sebaceous of Jadassohn
- 16. Xeroderma Pigmentosum
- 17. Spitz Nevi
- 18. Pilomatrixoma
- 19. Pyogenic granuloma
- 20. Neurofibromas
- 21. Skin tags
- 22. Vascular malformations
 - i. Telangiectasias

Objectives:

1. Know about the embryology of skin and when the different layers appear during gestation.
2. Discuss the epidermis, dermis, and skin appendages.
3. Discuss the components of the dermis: fibroblasts, collagen, elastin, ground substance
4. Know what the subcutaneous tissue and fascia layers are and how they function.
5. Discuss the structure and function of the skin appendages including the following:
 - a. Eccrine sweat glands
 - b. Apocrine sweat glands
 - c. Sebaceous glands
 - d. Neural end organs
 - e. Hairs
6. Discuss how the skin reacts to the following:
 - f. Smoking
 - g. UV light trauma
 - h. Microbial trauma
 - i. Mechanical trauma
 - j. Heat injury
 - k. Cold injury
 - l. Pharmacological agents
7. Know the anatomy of the nail and its surrounding structures and understand the function of each.
8. Understand the nature and mechanism of action of the basic pharmacologic agents used to treat skin diseases.

B. Infectious Skin Problems

- a. Fungal
 - i. Onychomycosis
 - ii. Molluscum contagiosum
- b. Viral
 - i. Herpes zoster
 - ii. Herpes simplex
 - iii. Warts
- c. Bacterial
 - i. Cellulitis

Goal: The resident should demonstrate knowledge of the described skin lesions in each category. There should be a basic ability to recognize the morphologic and histologic features of the more common problems.

Objectives:

1. Understand the clinical presentation and the spectrum of severity of the disease.
2. Demonstrate a basic understanding of how to diagnose these skin problems.
3. Know the natural history of the untreated form of the disease.
4. Know the options for treatment of the various problems including creams, soaps, topical antibiotics, oral antibiotics, steroids, excisional therapy, laser, sun screens, and dermabrasion.
5. Describe which conditions can be cured as opposed to just treated.
6. Be able to recommend maintenance therapy and screening for the patient.

C. Inflammatory Skin Problems

4. Contact Dermatitis
 - i. Poison Ivy

In cooperation with the ARMC Program Director, the Site Director and the faculty at the Participating Site are responsible for the day-to-day activities of the ARMC residents to ensure that the outlined goals and objectives are met during the course of the education experiences at the Participating Site.

The duration(s) of the assignment(s) to the Participating Site is as follows:

4 Weeks

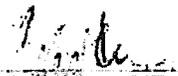
4. Policies and Procedures that Govern

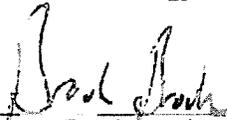
ARMC residents, while rotating at the Participating Site, will be under the general direction of the policies and procedures of the ARMC Graduate Medical Education Committee and its residency program, and the Participating Site's policies.

Signatures. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (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 Agreement upon request.

Sponsoring Institution
Arrowhead Regional Medical Center

Participating Site
West Dermatology


Name: Carol Lee, MD
Title: Program Director


Name: Brook Brouha, MD
Title: West Dermatology/Supervising Physician


Name: Carol Lee, MD
Title: Designated Institutional Official