

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

**STANDARD AGREEMENT**

STD 213 (Rev. 03/2019)

AGREEMENT NUMBER

25-30140-000

PURCHASING AUTHORITY NUMBER (If Applicable)

DSH-4440

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

Department of State Hospitals - Patton

CONTRACTOR NAME

San Bernardino County on behalf of Arrowhead Regional Medical Center

2. The term of this Agreement is:

START DATE

08/05/2025

THROUGH END DATE

06/30/2030

3. The maximum amount of this Agreement is:

\$0.00,

Zero Dollars and Zero Cents

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of the Agreement.

Exhibits	Title	Pages
Exhibit A	Scope of Work	6
Exhibit A-1	Student Privacy Acknowledgement and Nondisclosure Agreement	2
Exhibit A-2	Student and Instructor Requirements and Responsibilities	3
+ - Exhibit B	Budget Detail and Payment Provisions	1
+ - Exhibit C *	General Terms and Conditions	0
+ - Exhibit D	Special Terms and Conditions - Interagency Agreement	3
+ - Exhibit E	Confidentiality and Information Security Provisions (HIPAA Business Associate Agreement)	N/A
+ - Exhibit F	Information Privacy and Security Requirements (Non-HIPAA/HITECH Act Contracts)	12
+ - Exhibit G	Insurance Requirements	N/A

Items shown with an asterisk (\*), are hereby incorporated by reference and made part of this agreement as if attached hereto.

These documents can be viewed at <https://www.dgs.ca.gov/OLS/Resources>

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

**CONTRACTOR**

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)

San Bernardino County on behalf of Arrowhead Regional Medical Center

CONTRACTOR BUSINESS ADDRESS

400 N. Pepper Avenue

CITY

Colton

STATE

CA

ZIP

92324

PRINTED NAME OF PERSON SIGNING

Dawn Rowe

TITLE

Chair, Board of Supervisors

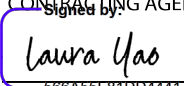
CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

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STATE OF CALIFORNIA

CONTRACTING AGENCY NAME Department of State Hospitals - Patton			
CONTRACTING AGENCY ADDRESS 3102 East Highland Avenue	CITY Patton	STATE CA	ZIP 92369
PRINTED NAME OF PERSON SIGNING Veronica Kaufman	TITLE Executive Director		
CONTRACTING AGENCY AUTHORIZED SIGNATURE <div>Signed by: </div>	DATE SIGNED 07/15/2025		
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPTION (If Applicable) SCM 1, 4.04 A.2		