



Contract Number _____

SAP Number _____

Arrowhead Regional Medical Center

Department Contract Representative	<u>William L. Gilbert</u>
Telephone Number	<u>(909) 580-6150</u>
 Contractor	 <u>American Burn Association</u>
Contractor Representative	<u>Dena Leishman</u>
Telephone Number	<u>(312) 642-9260</u>
Contract Term	<u>January 1, 2023 and automatically renewing annually until terminated by either party</u>
Original Contract Amount	<u>N/A</u>
Amendment Amount	<u> </u>
Total Contract Amount	<u>N/A</u>
Cost Center	<u>6110</u>

Briefly describe the general nature of the contract: Business Associate Agreement with the American Burn Association, including non-standard terms, for the retroactive period of January 1, 2023, and continuing for so long as the American Burn Association creates, uses, discloses, maintains, transmits or receives Personal Health Information from Arrowhead Regional Medical Center.

FOR COUNTY USE ONLY

Approved as to Legal Form

►
Bonnie Uphold, Supervising Deputy County Counsel

Date _____

Reviewed for Contract Compliance

►

Date _____

Reviewed/Approved by Department

►
William L. Gilbert, Director

Date _____