

Contract Number 20-106 A-1

**SAP Number** 4400014290

## **Arrowhead Regional Medical Center**

Department Contract Representative Telephone Number	William L. Gilbert (909) 580-6150	
Contractor	_American Heart Association, Inc.	
Contractor Representative	Brittany Hoffarth	
Telephone Number	(951) 384-7756	
Contract Term	February 11, 2020 through	
	February 10, 2021, automatically renewing for one-year periods	
Original Contract Amount	\$10.914	
Amendment Amount	N/A	
<b>Total Contract Amount</b>	\$10,914	
Cost Center	8615	

Briefly describe the general nature of the contract:

An Amendment No. 1 to the Unified Participation Agreement No. 20-106 with American Heart Association, Inc. to include participation in the Coverdell Acute Stroke Registry, at no additional cost effective September 15, 2020, with no change to the contract period of February 11, 2020 through February 10, 2021, automatically renewing for one-year periods.

FOR COUNTY USE ONLY		1 0
Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
Bonnie Uphold, Deputy County Coursel	<u> </u>	/ J. / Jilla
Date 9-9-20	Date	Willam K. Gilbert, Director 9/16/2020

## COVERDELL ACUTE STROKE REGISTRY AMENDMENT TO THE UNIFIED PARTICIPATION AGREEMENT

THIS AMENDMENT (this "Amendment") to the Unified Participation Agreement effective as of 9/15/2020 amends the Unified Participation Agreement ("Agreement") dated as of 2/11/2020 by and between the American Heart Association, Inc. ("AHA") and County of San Bernardino on behalf of Arrowhead Regional Medical Center, 400 N. Pepper Ave, Colton, CA 92324 (the "Program Participant"). Except as otherwise defined herein, capitalized terms used in this Amendment shall have the same meaning herein as defined in the Agreement.

## RECITALS

WHEREAS, Program Participant and AHA entered into the Agreement; and

WHEREAS, the parties desire to amend the Agreement to acknowledge Program Participant's participation in the Coverdell Acute Stroke Registry.

NOW, THEREFORE, in consideration of the mutual promises herein contained and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, accepted and agreed to, AHA and Program Participant hereby agree as follows:

## AGREEMENT

- 1. <u>Coverdell Data Set</u>. Program Participant agrees to disclose to AHA and to Outcome Sciences, LLC, a Quintiles company ("Quintiles"), which serves as the AHA Third Party Vendor, data in the form of a Limited Data Set, as defined in 45 C.F.R. § 164.514(e)(2), ("Coverdell Data Set"). All rights, obligations and uses relating to the Limited Data Set shall also apply to the Coverdell Data Set.
- 2. <u>Data Transfers</u>. Program Participant hereby authorizes AHA to direct Quintiles to provide to the state department of public health located in Program Participant's state ("State Department of Health") access to Program Participant's Limited Data Set data (for the GWTG-Stroke program) and Coverdell Data Set data. Furthermore, Quintiles is authorized to make available to the State Department of Health the identity of Program Participant in relation to the data submitted by Program Participant.

Furthermore, Program Participant hereby authorizes AHA to direct Quintiles to transmit reports containing the Coverdell Data Set to State Department of Health, which subsequently transmit the reports to the Centers for Disease Control and Prevention ("CDC"). The Coverdell Data Set provided to the CDC by the State Department of Health shall not include identification by hospital, but shall include: a) identification by state; and b) a hospital and a patient code, not identifiable to the CDC.

3. Ratification of Agreement. Except as modified by the Amendment, the Agreement is hereby ratified and confirmed to be in full force and effect.

4. Counterpart. This Amendment may be executed in several counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same Amendment.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the date and year first above written.

AMERICAN HEART ASSOCIATION ARROWHEAD REGIONAL MEDICAL CENTER

Name: Michele M. Bolles

Name: Curt Hagman

Title: VP, Quality and Health IT \_\_\_\_ Title: Chairman, Board of Supervisors

Date: Click here to enter a date. 07/28/2020

Date: 9/15/20

THIS DOCUMENT HAS BEEN DELIVER LYNNAMONELL Clerk of the Board of Superviso

of the Churchy of San Bemardi