

423-51211 ©

Purchasing Contract No: [redacted]  
Index Code: 419200

# CONTRACT ROUTING SHEET

Date Prepared: 3/23/12

Need Date: 4/6/12

### PROCESSING DEPARTMENT:

Department: HHSA - Mental Health  
Dept. Contact: Kathy Lang x 6362  
2<sup>nd</sup> Contact: Zhana McCullough  
Location: 941 Spring St, Ste 4, Placerville  
Department Head Signature: [Signature]  
Daniel Nielson, MPA, Director

### CONTRACTOR:

Name: Clinicians Telemed Medical Group  
Address: 1801 16th Street  
Bakersfield, CA 93301  
Phone: Click here to enter text.

### CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Telemedicine psychiatric counseling services  
Contract Term: 7/1/12 - 6/30/15 Contract Value: \$720,000  
Compliance with Human Resources requirements? Yes  No   
Compliance verified by: Feasibility Analysis Attached

### COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Cond E Disapproved: \_\_\_\_\_ Date: 4/2/2012 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Dept: Please address insurance with Risk Mgmt - cert has written in designated professional but contract is not limited & does not name that individual - also mention a sub contract - new will subcontract in interest  
Approved by Risk Mgmt. Jay

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

### RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: \_\_\_\_\_ Disapproved:  Date: A-A-12 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: A-A-12 By: \_\_\_\_\_

No see attached form  
Resubmit to Risk Mgmt 4/5/12 K. Lang

### OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY RISK MANAGEMENT  
2 APR - 3 PM 3:38 PM APR - 9 AM 11:26