

Contract #: 180-M1511
Index Code: 419500

CONTRACT ROUTING SHEET

Date Prepared: 9/16/14

Need Date: ~~10/2/14~~ Please Rush

PROCESSING DEPARTMENT:

Department: HHS/Mental Health
Public

Dept. Contact: Sharon Keoppel

Phone #: Ext. 4811

Department Head Signature: [Signature]

Don Ashton, M.P.A., Director

CONTRACTOR:

Name: Kaiser Permanente Medical Group

Address: PO Box 23380
Oakland, CA 94623-2338

Phone: 510-625-5955

CONTRACTING DEPARTMENT: HHS/Public Health

Service Requested: Psychiatrist for CA Children's Services Physical Therapy referrals

Contract Term: 1 yr. and then month to month Contract/Grant Value: \$0 NON - FINANCIAL

Compliance with Human Resources requirements? N/A x Yes No

Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: 10/15/14 By: [Signature]

Approved: _____ Disapproved: _____ Date: _____ By: _____

NOTE: Non-std indemnity - Kaiser has stated it will not accept
std indemnity. Counsel doesn't recommend non-std, but it is lawful provision.
*NOTE that there is possible cost - travel reimb in acc. w/ policy

EL DORADO COUNTY COUNSEL
2014 OCT 2 12

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: X Disapproved: _____ Date: 10/15/14 By: [Signature]

Approved: _____ Disapproved: _____ Date: _____ By: _____

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

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

4:02 PM 10/14/14
HHS DEPT

Please contact Sharon Keoppel x 4811 with questions or for contract packet pick-up. Thank you!

[Signature]
CFO Review

9/22/14
Date

10/10/14
Date

[Signature]
Assistant Director - Admin/Finance

10/10/14
Date