

CONTRACT ROUTING SHEET

Contract #: _____

Date Prepared: 4-18-7

Need Date: 4-23-7 (or sooner if possible)

PROCESSING DEPARTMENT:

Department: Human Resources
Dept. Contact: Sherril Jodar
Phone #: 5597
Department: Human Resources
Authorization: _____

CONTRACTOR:

Name: Delta Dental
Address: _____
Phone: _____

EL DORADO COUNTY COUNSEL
2007 APR 18 PM 12:30
Almond Ruben

CONTRACTING DEPARTMENT: Human Resources

Service Requested: Review of Delta Dental's Hipaa language and determination as to need
Contract Term: Annual Contract/Amendment Value: _____
Compliance with Human Resources requirements? Yes: X No: _____
Compliance verified by: _____

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

Approved: _____ Disapproved: _____ Date: 4/23/07 By: S. Jodar
Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT
DATE: 4/18/07
ATTORNEY: Rebecca S
DEPT/INDEX NO: 024103
BY: ALD

Sherril - This is acceptable to sign. I agree with J. Parnell that we do not have to have this agreement, but if it makes it easier to deal w/ them - then go ahead. While it is apparent their legal counsel does not realize the extent of County services offered, there is no benefit to us in engaging in that discussion!

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Yes Disapproved: _____ Date: 4-10-6 By: S. Jodar
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
07 APR 23 PM 2:58

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

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