

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 10/15/2021

Need Date: 10/21/2021

**PROCESSING DEPARTMENT:**

Department: Health and Human Services Agency  
Dept. Contact: Darci Prall  
Phone: 642-7373  
Department Head Signature: Nita Wracker  
Digitally signed by Nita Wracker  
MBA CPA  
Date: 2021.10.18 08:41:09  
+07'00'  
MBA CPA  
Nita Wracker, Agency CFO

**CONTRACTOR:**

Name: Patagonia Health, Inc.  
Address: 15110 Weston Parkway, Suite 204  
Cary, NC 27513  
Phone: \_\_\_\_\_  
Org Code: 5430  
Project String  
(if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health and Human Services Agency

Service Requested: A2 = 5 year term extension, new rates, & NTE

Description: Electronic Health Record

Contract Term: extend 12/13/21-12/31/26 Contract Value: add \$286,595.38 = \$752,071.00

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

Approved:  Disapproved:  Date: 10/18/2021 By: Paula Frantz  
Digitally signed by Paula Frantz  
Date: 2021.10.18 16:20:11 -07'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Original approved 10/27/2016, A1 approved 07/21/2021

**COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!**

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes:  No:

Compliance verified by: \_\_\_\_\_

**RISK MANAGEMENT APPROVAL:** (all contracts & MOU's except boilerplate grant funding contracts)

Approved:  Disapproved:  Date: 10/21/2021 By: Michael Andersen  
Digitally signed by Michael Andersen  
Date: 2021.10.21 08:48:40 -07'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Original approved 10/31/2016, A1 approved 07/27/2021

No insurance provisions

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

Departments: \_\_\_\_\_

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

**PLEASE EMAIL FOR PICK-UP [hhsa-contracts@edcgov.us](mailto:hhsa-contracts@edcgov.us) Thank you!**