

# CONTRACT ROUTING SHEET

Date Prepared: November 29, 2007

Need Date: 12/14/07

**PROCESSING DEPARTMENT:**  
Department: Public Health

**CONTRACTOR:**  
Name: Healthcare Technology Management Services

Dept. Contact: Dan Buffalo  
Phone #: 621-6226  
Department: \_\_\_\_\_  
Head Signature: *Gayle Erbe-Hamlin*  
Gayle Erbe-Hamlin

Address: 12036 Windpointe Pass Carmel, IN 46033  
Phone: (317) 815-8360

EL DORADO COUNTY COUNSEL  
2007 NOV 30 PM 4: 23  
*Handwritten signature*

**CONTRACTING DEPARTMENT:** Public Health

Service Requested: IT Planning and System Procurement Services

Contract Term: 9 months

Contract Value: \$114,000

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Yes: X No: \_\_\_\_\_

Compliance verified by: HR and Local 1

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

Approved:  Disapproved: \_\_\_\_\_ Date: 12/5/07 By: *Coley James*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

ASSIGNMENT  
DATE: 11/30/2007  
ATTORNEY: Lesley James  
DEPT./INDEX NO: PH/405267  
BY: *[Signature]*

*12-11-2007*  
*we recommend adding HIPAA confidentiality provision because contractor/consultant may come in contact with PHI during implementation of care pathways.*  
*- see also comments on pgs. 2-3 + 8*  
*also must verify consultant is qualified to do business in California - Sec. of State search did not show this*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 12/6/07 By: *Costello consultant*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
HUMAN RESOURCES  
07 DEC -5 PM 2: 08

*under name presented or any other name that I could discern.*

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

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