

WHATCOM COUNTY COUNCIL AGENDA BILL

NO. 2018-048

CLEARANCES	Initial	Date	Date Received in Council Office	Agenda Date	Assigned to:
Originator:	Twh	01/02/2018	<div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold;">JAN 23 2018</div> <div style="font-size: 1.1em; font-weight: bold;">WHATCOM COUNTY COUNCIL</div>	01/30/2018	Finance /Council
Division Head:					
Dept. Head:					
Prosecutor:	<i>LV</i>	01/18/18			
Purchasing/Budget:	<i>BB</i>	1/19/18			
Executive:	<i>TWS</i>	1/22/18			

TITLE OF DOCUMENT:
Interlocal Agreement between Whatcom County and Whatcom County Fire Protection Districts 1, 4, 5, 7, 8, 11, 14, 16, 17, 18, 19, 21 and Bellingham Fire Department, Lynden Fire Department and South Whatcom Fire Authority.

ATTACHMENTS:
Memo and Interlocal Agreement

SEPA review required? () Yes () NO SEPA review completed? () Yes () NO	Should Clerk schedule a hearing? () Yes () NO Requested Date:
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SUMMARY STATEMENT OR LEGAL NOTICE LANGUAGE: *(If this item is an ordinance or requires a public hearing, you must provide the language for use in the required public notice. Be specific and cite RCW or WCC as appropriate. Be clear in explaining the intent of the action.)*

The County Executive requests Council approval to enter into the five year Basic Life Support and First Response service agreement.

COMMITTEE ACTION:

COUNCIL ACTION:

Related County Contract #:	Related File Numbers:	Ordinance or Resolution Number:
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Please Note: *Once adopted and signed, ordinances and resolutions are available for viewing and printing on the County's website at: www.co.whatcom.wa.us/council.*

WHATCOM COUNTY
EXECUTIVE'S OFFICE
County Courthouse
311 Grand Avenue, Suite #108
Bellingham, WA 98225-4082



Jack Louws
County Executive

RECEIVED

JAN 19 2018

JACK LOUWS
COUNTY EXECUTIVE

MEMORANDUM

To: Whatcom County Council Members
Jack Louws, County Executive
From: Tyler Schroeder, Deputy Executive *TR5*
Subject: Basic Life Support (BLS) First Responder Agreement
Date: January 4, 2018

Enclosed is an Interlocal Agreement with the BLS Providers and Whatcom County for continued BLS services through December 31, 2022.

Background and Purpose

The original agreement, initiated in 1984, has become outdated and the parties wish to replace the original agreement with a new agreement that more accurately reflects their respective roles and responsibilities.

The County has worked with the BLS providers to develop current professional service agreements that are timed with the 6-year levy and includes the countywide Electronic Patient Care Reporting (EPCR) system. All Parties have agreed to the terms of the Agreement as outlined through the EMS Funding Work Group Recommendations.

Funding Amount and Source:

The funding source is the EMS Levy Tax Collection.

Action:

The County Executive requests Council review and approval of this Interlocal Agreement with the BLS providers for continued BLS services in Whatcom County.

**WHATCOM COUNTY CONTRACT
INFORMATION SHEET**

Whatcom County Contract No.

201801022

Originating Department:	Executive Office
Division/Program: <i>(i.e. Dept. Division and Program)</i>	Non - Departmental
Contract or Grant Administrator:	T. Helms/T. Schroeder
Contractor's / Agency Name:	Multiple BLS – First Responder Agencies
Is this a New Contract? If not, is this an Amendment or Renewal to an Existing Contract? Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: _____ Does contract require Council Approval? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If No, include WCC: _____ (see Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)	
Is this a grant agreement? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, grantor agency contract number(s): _____ CFDA#: _____	
Is this contract grant funded? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, Whatcom County grant contract number(s): _____	
Is this contract the result of a RFP or Bid process? Contract _____ Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, RFP and Bid number(s): _____ Cost Center: _____	
Is this agreement excluded from E-Verify? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If no, include Attachment D Contractor Declaration form.	
If YES, indicate exclusion(s) below: <input type="checkbox"/> Professional services agreement for certified/licensed professional. <input type="checkbox"/> Contract work is for less than \$100,000. <input type="checkbox"/> Contract for Commercial off the shelf items (COTS). <input type="checkbox"/> Contract work is for less than 120 days. <input type="checkbox"/> Work related subcontract less than \$25,000. <input checked="" type="checkbox"/> Interlocal Agreement (between Governments). <input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.	
Contract Amount:(sum of original contract amount and any prior amendments): \$ <u>variable</u> This Amendment Amount: \$ _____ Total Amended Amount: \$ _____	Council approval required for; all property leases, contracts or bid awards exceeding \$40,000 , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, except when: 1. Exercising an option contained in a contract previously approved by the council. 2. Contract is for design, construction, r-o-w acquisition, professional services, or other capital costs approved by council in a capital budget appropriation ordinance. 3. Bid or award is for supplies or equipment included approved in the budget. 4. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County.
Summary of Scope: A five year agreement between multiple Basic Life Support (BLS) agencies for first responder services.	
Term of Contract:	01/01/18
Expiration Date:	12/31/2022

Contract Routing:	1. Prepared by: <u>twh</u>	Date: <u>01/18/18</u>
	2. Attorney signoff: <u>Daniel Gibson</u>	Date: <u>01/18/18</u>
	3. AS Finance reviewed: <u>bbennett</u>	Date: <u>1/19/18</u>
	4. IT reviewed (if IT related): _____	Date: _____
	5. Contractor signed: _____	Date: _____
	6. Submitted to Exec.: _____ ✓	Date: <u>1-19-18</u>
	7. Council approved (if necessary): _____	Date: _____
	8. Executive signed: _____	Date: _____
	9. Original to Council: _____	Date: _____

**INTERLOCAL AGREEMENT FOR
FIRST RESPONSE EMERGENCY MEDICAL SERVICES**

THIS INTERLOCAL AGREEMENT (the "Agreement") by and between WHATCOM COUNTY (the "County") and
WHATCOM COUNTY FIRE PROTECTION DISTRICT NO. 1, a Washington municipal corporation (the "Agency") and
WHATCOM COUNTY FIRE PROTECTION DISTRICT NO. 4, a Washington municipal corporation (the "Agency") and
WHATCOM COUNTY FIRE PROTECTION DISTRICT NO. 5, a Washington municipal corporation (the "Agency") and
WHATCOM COUNTY FIRE PROTECTION DISTRICT NO. 7, a Washington municipal corporation (the "Agency") and
WHATCOM COUNTY FIRE PROTECTION DISTRICT NO. 8, a Washington municipal corporation (the "Agency") and
WHATCOM COUNTY FIRE PROTECTION DISTRICT NO. 11, a Washington municipal corporation (the "Agency") and
WHATCOM COUNTY FIRE PROTECTION DISTRICT NO. 14, a Washington municipal corporation (the "Agency") and
WHATCOM COUNTY FIRE PROTECTION DISTRICT NO. 16, a Washington municipal corporation (the "Agency") and
WHATCOM COUNTY FIRE PROTECTION DISTRICT NO. 17, a Washington municipal corporation (the "Agency") and
WHATCOM COUNTY FIRE PROTECTION DISTRICT NO. 18, a Washington municipal corporation (the "Agency") and
WHATCOM COUNTY FIRE PROTECTION DISTRICT NO. 19, a Washington municipal corporation (the "Agency") and
WHATCOM COUNTY FIRE PROTECTION DISTRICT NO. 21, a Washington municipal corporation (the "Agency") and
CITY OF BELLINGHAM, a Washington municipal corporation (the "Agency") and
CITY OF LYNDEN, a Washington municipal corporation (the "Agency") and
SOUTH WHATCOM FIRE AUTHORITY, a Washington municipal corporation (the "Agency") is for the provision of first response emergency medical services. Together, the County and the Agencies are the only parties to this Agreement and may be referred to collectively

RECITALS

This Agreement is based on the following relevant facts and circumstances:

- A. The parties are signatories to an Emergency Medical Services Agreement signed in 1984 (the "Original Agreement").
- B. It is deemed to be in the best interests of the citizens of Whatcom County to have available fast and efficient emergency medical services; and
- C. Within areas serviced by Whatcom County fire agencies, it is often most efficient for the first response of such services to be provided by the local fire agency; and
- D. The Original Agreement has become outdated, and the parties wish to replace

the Original Agreement with a new agreement that more accurately reflects their respective roles and responsibilities.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties hereto agree as follows:

1. **Services**. The Agencies agree to provide First Response Emergency Medical Services (the "Services") within the boundaries of the Agency on behalf of Whatcom County, as dispatched through the Prospect Fire Dispatch Center (the "Dispatch Center"). The term "First Response Emergency Medical Services" means such medical treatment and care which may be rendered to persons injured, sick or incapacitated in order to reduce the risk of loss of life or aggravation of illness or injury, prior to the arrival of Advanced Life Support ("ALS"). The term Services expressly include Basic Life Support ("BLS") transports, as needed for patient care. The Agencies agree to use the designated County-wide records management system ("RMS") for the collection of County-wide EMS data and the transmittal of patient care reports to the hospital.

2. **Consideration**. During the term of this Agreement, and as consideration for the Services provided by the Agencies, the County shall provide the Agencies with the following:

2.1 The County will assume and make payment, using EMS levy revenue, for the cost of all of the EMS calls transmitted from the Dispatch Center during their normal quarterly billing process. The Dispatch Center will bill the County directly for this payment. For the cities of Lynden and Bellingham, which were not covered by the Original Agreement, the County shall make a retroactive payment to cover such costs incurred by such cities starting January 1, 2017.

2.2 As agreed to in the Original Agreement, the County will continue to make payment, using County revenue other than the EMS levy revenue, for the cost of the Fire dispatch calls transmitted from the dispatch Center during their normal quarterly billing process, except for the cities of Lynden and Bellingham, which were not covered by the Original Agreement.

2.3 If at such time during the term of this agreement, the Whatcom County EMS Executive Oversight Board and the Whatcom County Council, agree to pay for all of the Fire dispatch calls transmitted from the Dispatch Center, using EMS levy revenue, such payment will include the cost of all of the Fire dispatch calls, including the parties of the Original Agreement and the cities of Lynden and Bellingham.

2.4 The County will provide, at its sole expense by use of EMS levy funds, a County-wide RMS for the collection of County-wide Fire/EMS data and the transmittal of patient care reports to the hospital. The RMS software shall be from a vendor that is jointly agreed upon by the Whatcom County Fire Chief's Association, the EMS Technical Advisory Board, and the County. The designated RMS shall be made available for use by the Agencies as determined in the RMS vendor agreement.

3. **Term of Agreement**. Notwithstanding the date of signatures, the term of this Agreement shall commence on January 1, 2018 and shall continue through December 31, 2022. The Parties covenant to meet no later than June 1, 2022 to discuss and negotiate in good faith toward a renewal of this Agreement or a successor agreement that provides for the services and funding for services contemplated by this Agreement.

3.1 The Parties may mutually agree to re-open the contract for renegotiation of any of its terms based on changed circumstances.

3.2 Concurrently with the commencement of the term of this Agreement, the Original Agreement shall be terminated; provided, however, that the County's obligation to pay for dispatch calls prior to such termination shall survive the termination of the Original Agreement.

4. **Assignment/Subcontracting.** The Agencies shall not assign or subcontract any portion of the Services without obtaining the prior written approval of the County. Notwithstanding the foregoing, the County recognizes that fire districts throughout the state are actively engaging in regionalization efforts in order to improve efficiencies while reducing duplication and associated expenses in order to better serve their citizens. In recognition of this fact, the following regionalization efforts shall not be deemed an "assignment" or "subcontract" requiring prior approval by the County: (i) the Agency enters into an interlocal agreement with another Whatcom County fire district to provide EMS services to it or (ii) an Agency merges or creates a Regional Fire Protection Service Authority with another Whatcom County fire protection district.

5. **Relationship of the Parties.** The Agencies are not now, nor have ever been, an agent of the County. The parties do not intend to have an agency relationship arise from this Agreement. Rather, the parties intend that an independent contractor/county relationship will be created by this Agreement. The County is interested only in the results to be achieved. The implementation of, and control of, the Services shall lie solely with the Agencies. No agent, employee or representative of the district shall be deemed to be an agent, employee, or representative of the County. No agent, employee or representative of the Agencies shall be paid by the County or receive any of the employment benefits normally given to County employees by the County.

6. **Indemnification.** To the extent permitted by law, each party agrees to defend, indemnify and hold harmless the other party, its officers, officials, employees and volunteers from any and all claims, costs, including reasonable attorneys' and expert witness fees, losses and judgments arising out of the negligent and intentional acts or omissions of such party's officers, officials, employees and volunteers in connection with the performance of the Agreement. The provisions of this section shall survive the expiration or termination of the Agreement and the Restated ILA.

7. **Insurance.** The Agencies shall carry professional liability insurance for the duration of this Agreement in an amount not less than \$1,000,000.00. Each Agency shall also carry a Commercial General Liability Insurance Policy in an amount not less than \$1,000,000.00. Each Agency shall name the County as an additional insured on its CGL Policy, and each Agency's CGL policy shall be deemed primary and non-contributory. The County's insurance shall not serve as a source of contribution, except as excess to the coverage provided by the Agencies. An agency may maintain a program of self-insurance and excess coverage with and to the same effect as the commercial coverage described hereinabove as a means of meeting the requirements of this paragraph. None of the foregoing policies or programs shall be cancelled or amended on less than thirty (30) days' notice to the County.

8. **Compliance with RCW 39.34.030.** This Agreement does not create a separate legal or administrative entity and does not require a joint board. No real or personal property will be jointly acquired pursuant to this Agreement.

9. **HIPAA Compliance.** The parties of this agreement believe they qualify as a Covered Entity and Business Associate as defined within the Health Insurance Portability and Accountability Act and its accompanying regulations ("HIPAA"). In order to comply with the applicable provisions of HIPAA, the parties agree to the provisions of the HIPAA Business Associate Addendum attached hereto and incorporated herein as Exhibit A.

10. **Recording/Posting.** Pursuant to RCW 39.34.040, this Agreement shall be either recorded with the Whatcom County Auditor immediately after execution by all Jurisdictions hereto or posted on either party's website.

11. **No Third Party Beneficiaries.** This Agreement shall not be construed to benefit any third party or otherwise limit the application or protection of the "Public Duty Doctrine" to the Agencies or the County.

12. **Survivability.** All covenants, promises and performance which are not fully performed as of the date of termination shall survive termination as binding obligations.

13. **Notices.** All notices, demands, requests, consents and approvals which may, or are required to be given by any party to any other party hereunder, shall be in writing and shall be deemed to have been duly given if delivered personally, sent by facsimile, sent by a nationally recognized overnight delivery service, or if deposited in the United States mail and sent by registered or certified mail, return receipt requested, postage prepaid to:

County: Whatcom County
Attn: Jack Louws, County Executive
311 Grand Avenue, Suite 108
Bellingham, Washington 98225

Agencies: Whatcom County Fire Protection District No. 1
Attn: Fire Chief
101 E. Main Street – P.O. Box 454
Everson, Washington 98247

Whatcom County Fire Protection District No. 4
Attn: Fire Chief
4142 Britton Loop Road
Bellingham, WA 98226

Whatcom County Fire Protection District No. 5
Attn: Fire Chief
2030 Benson Road
Point Roberts, Washington 98281

Whatcom County Fire Protection District No. 7
Attn: Fire Chief
2020 Washington Street – P.O. Box 1599
Ferndale, Washington 98248

Whatcom County Fire Protection District No. 8
Attn: Fire Chief
1800 Broadway
Bellingham, Washington 98225

Whatcom County Fire Protection District No. 11
Attn: Fire Chief
3809 Legoe Bay Road – P.O. Box 130
Lummi Island, Washington 98262

Whatcom County Fire Protection District No. 14
Attn: Fire Chief
143 Columbia Street – P.O. Box 482
Sumas, Washington 98295

Whatcom County Fire Protection District No. 16
Attn: Fire Chief
2036 Valley Highway – P.O. Box 37
Acme, Washington 98220

Whatcom County Fire Protection District No. 17
Attn: Fire Chief
4332 Sucia Drive
Ferndale, Washington 98248

Whatcom County Fire Protection District No. 18
Attn: Fire Chief
431 Cain Road
Sedro-Woolley, Washington 98284

Whatcom County Fire Protection District No. 19
Attn: Fire Chief
9953 Mt. Baker Hwy. – P.O. Box 5029
Glacier, Washington 98244

Whatcom County Fire Protection District No. 21
Attn: Fire Chief
4142 Britton Loop Road
Bellingham, Washington 98226

Bellingham Fire Department
Attn: Fire Chief
1800 Broadway
Bellingham, WA 98225

South Whatcom Fire Authority
Attn: Fire Chief
2050 Lake Whatcom Blvd.
Bellingham, Washington 98229

Lynden Fire Department
Attn: Fire Chief
215 4th Street
Lynden, Washington 98264

or to such other address as the foregoing parties hereto may from time-to-time designate in writing and deliver in a like manner. All notices shall be deemed complete upon actual receipt or refusal to accept delivery. Facsimile transmission of any signed original document, and retransmission of any signed facsimile transmission shall be the same as delivery of an original document.

13. **Further Cooperation.** The parties shall cooperate in good faith and execute such documents as necessary and take such further actions as reasonably necessary to effectuate the purposes and intent of this Agreement.

14. **Disputes.** Venue for any disputes concerning this Agreement shall lie exclusively in Skagit County Superior Court. Each party expressly waives the right to a jury trial.

15. **Waiver.** No failure by any of the foregoing parties to insist upon the strict performance of any covenant, duty, agreement, or condition of this Agreement or to exercise any right or remedy consequent upon a breach thereof, shall constitute a waiver of any such breach or any other covenant, agreement, term or condition. Any party hereto, by notice, and only by notice as provided herein may, but shall be under no obligation to, waive any of its rights or any conditions to its obligations hereunder, or any duty, obligation or covenant of any other party hereto. No waiver shall affect or alter this Agreement, and each and every covenant, agreement, term and condition of this Agreement shall continue in full force and effect with respect to any other then existing or subsequent breach thereof.

16. **Captions.** The captions of this Agreement are for convenience and reference only and in no way define, limit, or describe the scope or intent of this Agreement.

17. **Severability.** In case any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this Agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein.

18. **Neutral Authorship.** Each of the provisions of this Agreement has been reviewed and negotiated, and represents the combined work product of all parties hereto. No presumption or other rules of construction which would interpret the provisions of this Agreement in favor of or against the party preparing the same shall be applicable in connection with the construction or interpretation of any of the provisions of this Agreement.

19. **Governing Law.** This Agreement, and the right of the parties hereto, shall be governed by and construed in accordance with the laws of the State of Washington, and the parties agree that in any such action, venue shall lie exclusively in Skagit County, Washington.

20. **Entire Agreement.** The entire agreement between the parties hereto is contained in this Agreement, and this Agreement supersedes all of their previous understandings and

WHATCOM COUNTY FIRE PROTECTION
DISTRICT NO. 1

ATTEST:

By: _____

APPROVED:

By: _____
Chief

By: _____
Commissioner

By: _____
Commissioner

By: _____
Commissioner

DATED this ____ day of _____, 2018.

WHATCOM COUNTY FIRE PROTECTION
DISTRICT NO. 4

ATTEST:

By: _____

APPROVED:

By: _____
Chief

By: _____
Commissioner

By: _____
Commissioner

By: _____
Commissioner

DATED this _____ day of _____, 2018.

WHATCOM COUNTY FIRE PROTECTION
DISTRICT NO. 5

ATTEST:

By: _____

APPROVED:

By: _____
Chief

By: _____
Commissioner

By: _____
Commissioner

By: _____
Commissioner

DATED this ____ day of _____, 2018.

WHATCOM COUNTY FIRE PROTECTION
DISTRICT NO. 7

ATTEST:

By: _____

APPROVED:

By: _____
Chief

By: _____
Commissioner

By: _____
Commissioner

By: _____
Commissioner

DATED this _____ day of _____, 2018.

WHATCOM COUNTY FIRE PROTECTION
DISTRICT NO. 8

ATTEST:

By: _____

APPROVED:

By: _____
Chief

By: _____
Commissioner

By: _____
Commissioner

By: _____
Commissioner

By: _____
Commissioner

By: _____
Commissioner

DATED this ____ day of _____, 2018.

WHATCOM COUNTY FIRE PROTECTION
DISTRICT NO. 11

ATTEST:

By: _____

APPROVED:

By: _____
Chief

By: _____
Commissioner

By: _____
Commissioner

By: _____
Commissioner

DATED this _____ day of _____, 2018.

WHATCOM COUNTY FIRE PROTECTION
DISTRICT NO. 14

ATTEST:

By: _____

APPROVED:

By: _____
Chief

By: _____
Commissioner

By: _____
Commissioner

By: _____
Commissioner

DATED this ____ day of _____, 2018.

WHATCOM COUNTY FIRE PROTECTION
DISTRICT NO. 16

ATTEST:

By: _____

APPROVED:

By: _____
Chief

By: _____
Commissioner

By: _____
Commissioner

By: _____
Commissioner

DATED this _____ day of _____, 2018.

WHATCOM COUNTY FIRE PROTECTION
DISTRICT NO. 17

ATTEST:

By: _____

APPROVED:

By: _____
Chief

By: _____
Commissioner

By: _____
Commissioner

By: _____
Commissioner

DATED this ____ day of _____, 2018.

WHATCOM COUNTY FIRE PROTECTION
DISTRICT NO. 18

ATTEST:

By: _____

APPROVED:

By: _____
Chief

By: _____
Commissioner

By: _____
Commissioner

By: _____
Commissioner

DATED this _____ day of _____, 2018.

WHATCOM COUNTY FIRE PROTECTION
DISTRICT NO. 19

ATTEST:

By: _____

APPROVED:

By: _____
Chief

By: _____
Commissioner

By: _____
Commissioner

By: _____
Commissioner

DATED this _____ day of _____, 2018.

WHATCOM COUNTY FIRE PROTECTION
DISTRICT NO. 21

ATTEST:

By: _____

APPROVED:

By: _____
Chief

By: _____
Commissioner

By: _____
Commissioner

By: _____
Commissioner

DATED this _____ day of _____, 2018.

CITY OF BELLINGHAM

Mayor

Attest:

Departmental Approval:

Finance Director

Approved as to form:

Office of the City Attorney

DATED this _____ day of _____, 2018.

LYNDEN FIRE DEPARTMENT

APPROVED AS TO FORM:

By: _____
City Attorney

APPROVED:

By: _____
Chief

By: _____
Mayor

DATED this ____ day of _____, 2018.

SOUTH WHATCOM FIRE AUTHORITY

ATTEST:

By: _____

APPROVED:

By: _____
Chief

By: _____
Commissioner

By: _____
Commissioner

By: _____
Commissioner

DATED this _____ day of _____, 2018.

Exhibit A
BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement ("Agreement") is made and entered into in duplicate originals this day by and between WHATCOM COUNTY (the "County) and

WHATCOM COUNTY FIRE PROTECTION DISTRICT NO. 1, a Washington municipal corporation (the "Agency") and

WHATCOM COUNTY FIRE PROTECTION DISTRICT NO. 4, a Washington municipal corporation (the "Agency") and

WHATCOM COUNTY FIRE PROTECTION DISTRICT NO. 5, a Washington municipal corporation (the "Agency") and

WHATCOM COUNTY FIRE PROTECTION DISTRICT NO. 7, a Washington municipal corporation (the "Agency") and

WHATCOM COUNTY FIRE PROTECTION DISTRICT NO. 8, a Washington municipal corporation (the "Agency") and

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WHATCOM COUNTY FIRE PROTECTION DISTRICT NO. 19, a Washington municipal corporation (the "Agency") and

WHATCOM COUNTY FIRE PROTECTION DISTRICT NO. 21, a Washington municipal corporation (the "Agency") and

CITY OF BELLINGHAM, a Washington municipal corporation (the "Agency") and

CITY OF LYNDEN, a Washington municipal corporation (the "Agency") and

SOUTH WHATCOM FIRE AUTHORITY, a Washington municipal corporation (the "Agency")

1. Definitions

1.1 HIPAA Terminology:

The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

1.2 Specific definitions:

(a) Business Associate. "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean the County.

(b) Covered Entity. "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean the Agency.

(c) HIPAA Rules. "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

2. Obligations and Activities of Business Associate

Business Associate agrees to:

(a) Not use or disclose protected health information other than as permitted or required by the Agreement or as required by law;

(b) Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of protected health information other than as provided for by the Agreement;

(c) Report to Covered Entity any use or disclosure of protected health information not provided for by the Agreement of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware;

(d) In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information;

(e) Make available protected health information in a designated record set to the Covered Entity as necessary to satisfy Covered Entity's obligations under 45 CFR 164.524;

- (f) Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the Covered Entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy Covered Entity's obligations under 45 CFR 164.526;
- (g) Maintain and make available the information required to provide an accounting of disclosures to the Covered Entity as necessary to satisfy Covered Entity's obligations under 45 CFR 164.528;
- (h) To the extent the Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Covered Entity in the performance of such obligation(s); and
- (i) Make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.

3. Permitted Uses and Disclosures by Business Associate

- (a) Business Associate may only use or disclose protected health information as necessary to perform its obligations under the Interlocal Agreement for EMS Administrative Services.
- (b) Business Associate is authorized to use protected health information to de-identify the information in accordance with 45 CFR 164.514(a)-(c).
- (c) Business Associate may use or disclose protected health information as required by law.
- (d) Business Associate agrees to make uses and disclosures and requests for protected health information consistent with Covered Entity's minimum necessary policies and procedures.
- (e) Business Associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by Covered Entity except for the specific uses and disclosures set forth below.
- (f) Business Associate may disclose protected health information for the proper management and administration of Business Associate or to carry out the legal responsibilities of the Business Associate, provided the disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- (g) Business Associate may provide data aggregation services relating to the health care operations of the Covered Entity.

4. Termination

- (a) Term. The Term of this Agreement shall be effective as of the effective date of the Interlocal Agreement For Ems Administrative Services to which this Agreement is attached and shall

terminate on the termination date of the Interlocal Agreement For Ems Administrative Services or on the date Covered Entity terminates for cause as authorized in paragraph (b) of this Section, whichever is sooner.

(b) Termination for Cause. Business Associate authorizes termination of this Agreement by Covered Entity, if Covered Entity determines Business Associate has violated a material term of the Agreement and Business Associate has not cured the breach or ended the violation within the time specified by Covered Entity; provided, however, that termination of this Agreement shall not affect the Interlocal Agreement For Ems Administrative Services except that the Parties shall meet and establish a new business associate agreement with appropriate provisions to correct the violation.

(c) Obligations of Business Associate Upon Termination.

Upon termination of this Agreement for any reason, Business Associate, with respect to protected health information received from Covered Entity, or created, maintained, or received by business associate on behalf of Covered Entity, shall:

Retain only that protected health information which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;

Return to Covered Entity or, if agreed to by Covered Entity, destroy the remaining protected health information that the Business Associate still maintains in any form;

Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information to prevent use or disclosure of the protected health information, other than as provided for in this Section, for as long as Business Associate retains the protected health information;

Not use or disclose the protected health information retained by Business Associate other than for the purposes for which such protected health information was retained and subject to the same conditions set out in Section 3 above which applied prior to termination; and

Return to Covered Entity or, if agreed to by Covered Entity, destroy the protected health information retained by Business Associate when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities.

(d) Survival. The obligations of Business Associate under this Section 4 shall survive the termination of this Agreement.