



Public Health
Prevent. Promote. Protect.

North Central Public Health District

"Caring For Our Communities"

North Central Public Health District Executive Committee Meeting

April 10, 2018
3:00 PM
Meeting Room @
NCPHD

AGENDA -

1. **Set Next Meeting Date**
 - a. Set Next Meeting Date (5/8/2018)
2. **Additions to the Agenda**
3. **Public Comment**
4. **Unfinished Business**
 - a. FY 2018-19 Budget Process
 - b. Modernization Grant Update
5. **New Business**
 - a. Triennial Review follow-up
 - b. Approve A/P Check Report (March 2018)
 - c. Contracts Review
 - i. CGHC Grant Agreement
 - ii. Hardwick's Customer Painting Agreement
 - iii. OHA 154663-1 Agreement
 - iv. OHA RH Program MSA
 - d. Director's Report

Note: This agenda is subject to last minute changes.

Meetings are ADA accessible. If special accommodations are needed please contact NCPHD in advance at (541) 506-2626. TDD 1-800-735-2900. NCPHD does not discriminate against individuals with disabilities.

If necessary, an Executive Session may be held in accordance with: ORS 192.660 (2) (d) Labor Negotiations; ORS 192.660 (2) (h) Legal Rights; ORS 192.660 (2) (e) Property; ORS 192.660 (2) (i) Personnel

**NCPHD
Accounts Payable Checks
Issued March 2018**

Check Date	Check Number	Vendor Name	Amount
3/9/2018	443	IRS	\$10,562.18
3/9/2018	444	ASIFLEX	\$105.00
3/9/2018	445	P E R S	\$11,508.98
3/9/2018	446	OREGON STATE, DEPT OF REVENUE	\$2,654.39
3/23/2018	447	IRS	\$11,539.57
3/23/2018	448	ASIFLEX	\$105.00
Held in Que	449	P E R S	\$12,170.84
3/23/2018	450	OREGON STATE, DEPT OF REVENUE	\$2,919.78
3/5/2018	12273	CIS TRUST	\$28,216.85
3/8/2018	12274	CYTOCHECK LABORATORY LLC	\$110.00
3/8/2018	12275	FEDEX	\$14.88
3/8/2018	12276	H2OREGON BOTTLED WATER INC.	\$65.55
3/8/2018	12277	MID-COLUMBIA MEDICAL CENTER	\$337.50
3/8/2018	12278	OR STATE PUBLIC, HEALTH LABORATORY	\$13.55
3/8/2018	12279	OREGON STATE, DEPT OF ENVIRONMENTAL OUA	\$600.00
3/8/2018	12280	OREGON STATE, DEPT OF HUMAN SERVICES	\$4,000.00
3/8/2018	12281	RICOH USA INC.	\$151.97
3/8/2018	12282	SATCOM GLOBAL INC.	\$59.70
3/8/2018	12283	SMITH MEDICAL PARTNERS LLC	\$1,045.46
3/8/2018	12284	SPARKLE CAR WASH, LLC	\$39.00
3/8/2018	12285	STAEHNKE, DAVID	\$106.33
3/8/2018	12286	U.S. CELLULAR	\$303.15
3/8/2018	12287	UNIV. OF COLORADO, ANSCHUTZ MED CAMPUS	\$1,200.00
3/8/2018	12288	US BANK	\$763.37
3/8/2018	12289	WASCO COUNTY	\$130.99
3/9/2018	12290	RICHARDSON, LYNETTE	\$1,599.79
3/14/2018	12291	ANDERSON, GRACE	\$15.00
3/14/2018	12292	BAILEY, NICOLE	\$15.00
3/14/2018	12293	BANKMAN, JUDY	\$8.00
3/14/2018	12294	BORDERS, ALYSA	\$8.00
3/14/2018	12295	ELIAS, JESUS	\$15.00
3/14/2018	12296	HALL, KATHERINE	\$8.00
3/14/2018	12297	MCDONELL, MIRIAM	\$15.00
3/14/2018	12298	ROJAS, CYNTHIA	\$8.00
3/14/2018	12299	THALHOFER, TERI	\$8.00
3/14/2018	12300	WRAY, TANYA	\$15.00
3/15/2018	12301	CA STATE DISPURSEMENT UNIT	\$231.50
3/15/2018	12302	NATIONWIDE RETIREMENT SOLUTION	\$1,790.00
3/19/2018	12303	AHLERS & ASSOCIATES	\$910.00
3/19/2018	12304	BEERY ELSNER & HAMMOND LLP	\$545.00
3/19/2018	12305	CDW GOVERNMENT INC.	\$7,019.22
3/19/2018	12306	CITY OF THE DALLES	\$960.00

PAYROLL A/P (EFT)

PAYROLL A/P

3/19/2018	12307	ELIAS, MARICELA	\$15.00
3/19/2018	12308	HAMMEL, NANCY	\$8.00
3/19/2018	12309	HENRY SCHEIN	\$270.68
3/19/2018	12310	INTERPATH LABORATORY INC.	\$12.60
3/19/2018	12311	NELSON TIRE FACTORY DBA, GILL'S POINT S	\$652.88
3/19/2018	12312	OFFICE DEPOT	\$204.68
3/19/2018	12313	OREGON ENVIRONMENTAL, HEALTH ASSN.	\$310.00
3/19/2018	12314	OREGON MILITARY DEPARTMENT, ATTN: RENTAL PROGRAM MGR	\$300.00
3/19/2018	12315	OREGON STATE, DEPT HUMAN SERVICES- OFS	\$240.00
3/19/2018	12316	SAIF CORPORATION	\$505.94
3/19/2018	12317	SMITH MEDICAL PARTNERS LLC	\$4,608.10
3/19/2018	12318	THE TIMES-JOURNAL	\$105.00
3/19/2018	12319	WASCO COUNTY	\$458.78
3/20/2018	12320	HARDWICK'S CUSTOM PAINTING	\$4,291.68
3/27/2018	12321	CAMPBELL, SHELLIE	\$15.00
3/27/2018	12322	GORGE WINDBAGS	\$280.00
3/27/2018	12323	HENRY SCHEIN	\$151.60
3/27/2018	12324	OFFICE DEPOT	\$146.26
3/27/2018	12325	OREGON STATE, DEPT HUMAN SERVICES- OFS	\$4,409.71
3/27/2018	12326	OXFORD SUITES HERMISTON	\$788.22
3/27/2018	12327	RADIO TIERRA	\$160.00
3/27/2018	12328	THERA COM INC	\$3,294.10
3/27/2018	12329	TREICHEL, LORI	\$15.00
3/27/2018	12330	UPS	\$108.00
3/27/2018	12331	CA STATE DISPURSEMENT UNIT	\$231.50
3/27/2018	12332	NATIONWIDE RETIREMENT SOLUTION	\$1,790.00
3/29/2018	12333	FLOORS OF FIRE	\$1,500.00
		TOTAL:	\$126,767.28

PAYROLL A/P

NCPHD Board of Health authorizes check numbers 12273 - 12333 and payroll EFT numbers 443 - 450 totalling \$126,767.28.

Signature _____

Printed Name Scott Hege



Columbia Gorge Health Council
511 Washington Street
Suite 101
The Dalles, OR 97058
info@gorgehealthcouncil.org

GRANT AGREEMENT

GRANTEE: North Central Public Health District
419 E 7th Street
The Dalles, OR 97058

TITLE OF GRANT: Major Juntos – Health Promotion in Hood River and Wasco Counties

TOTAL AMOUNT OF GRANT: \$226,215.00

PERIOD OF GRANT: 3 years
March 1, 2018 through March 1, 2021

PAYMENT CONTINGENCIES

Grant payments are contingent upon the grantee satisfactorily conducting the program as described in this agreement, except as modified with the express consent of the Columbia Gorge Health Council.

Grant payments may be discontinued, modified, or withheld if, in the sole judgment of the Columbia Gorge Health Council, this is necessary to comply with the requirements of law.

GRANT REQUIREMENTS

1. This grant is made with the understanding that the entire amount will be expended for the purpose described in the grant proposal which is appended. Whether or not you maintain a separate bank account, this grant should be treated as a "restricted fund," and no part of it should be used for purposes other than those approved for this grant.
2. Prior approval from the Columbia Gorge Health Council must be obtained for any modification of the objectives, methods, budget, collaborative partnerships or timeline of the project for which grant funds have been awarded.
3. Grantees are required to notify the Columbia Gorge Health Council of any development that significantly affects the operation of the grantee or organizations who are listed as part of the proposal.
4. The grantee will provide the Columbia Gorge Health Council with the program and financial reports described below and any special reports that may be requested by the Columbia Gorge Health Council.
5. The grantee will abide by all provisions of this agreement and will keep adequate supporting records to document the expenditure of funds and activities supported by these funds.
6. No funds will be used for lobbying purposes or to aid in the election of a public official.

ANNUAL REPORTS AND GRANT PAYMENTS

Grantee must provide an Annual written report ("Annual Report") for the duration of the grant period. The Annual Report will include a narrative outlining progress, and/or status of objectives described in the Goals, Activities and Measures Grid portion of your proposal as well as spending to budget. If a deadline cannot be

met, the grantee shall notify the Columbia Gorge Health Council. Please note that payments will be made only if the Columbia Gorge Health Council has received and approved progress reports.

Payments will be made by PacificSource Community Solutions via auto-deposit. The initial payment will be made after receiving a signed copy of this agreement along with a completed Auto-deposit form. The schedule of payments and associated documentation requirements are:

Documentation Due	When	Payment Amount (within 3 weeks of receipt and approval of documentation)
Signed copy of this agreement and completed Auto-deposit form	As soon as possible	Initial Payment of \$113,107.50
Progress report	3/15/19	Second Payment of \$56,553.75
Progress report	3/13/20	Final Payment of \$56,553.75
Final Report	No later than 30 days after end of grant period – 4/30/21	No payment

UNEXPENDED FUNDS

If the funds have not been completely expended at the end of the grant period, the grantee agrees to provide a statement of the balance and a plan for using the remaining funds. If the plan is not approved by the Columbia Gorge Health Council, the grantee agrees to repay to the Columbia Gorge Health Council any portion of the remaining unspent funds.

COMMUNITY-BASED UPDATES


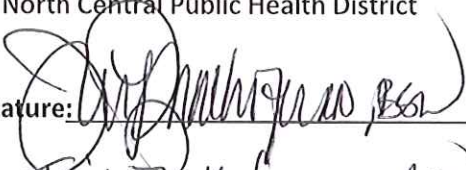
The funds provided for in this proposal are being disbursed to you because of a collaborative community process to determine how to invest funds. Grantee agrees to provide the Columbia Gorge Health Council or its subcommittees an update on the status of the proposal from time to time; such reporting times shall be mutually agreeable to grantee and the requesting committee. It is crucial that the grantee be forthcoming and candid in keeping the Columbia Gorge Health Council informed of the activities (both good and disappointing) of the supported program.

PUBLICIZING THE GRANT/ USE OF COLUMBIA GORGE HEALTH COUNCIL NAME

Columbia Gorge Health Council encourages organizations to raise public awareness about their work. It's not necessary to get approval to announce our grant, as long as you characterize the award as it appears in this agreement. The Community Grant Program was made possible by shared savings from the PacificSource Columbia Gorge Coordinated Care Organization (CCO), providing Oregon Health Plan services to residents of Hood River and Wasco Counties. The Community Grant Program is intended to support local organizations in addressing identified needs from in the Community Health Improvement Plan (CHIP), the CCO Quality Incentive Metrics and/or the CCO Transformation Plan and benefit Columbia Gorge CCO Medicaid recipients in addition to the community at large.

AGREEMENT

If this document correctly sets forth your understanding of the terms of this grant, please sign this agreement and return to the Columbia Gorge Health Council. By signing this document, you are representing and warranting that you have read this agreement, agree to the terms of this agreement, and are authorized to execute this agreement.

By: Columbia Gorge Health Council	By: North Central Public Health District
Signature: <u></u>	Signature: <u></u>
Name: <u>Karen Joplin</u>	Name: <u>Teri Thalhacker, RN, BSN</u>
Title: <u>Board Chair</u>	Title: <u>Director</u>
Date: <u>3/12/18</u>	Date: <u>3/9/2018</u>

Hardwick's Custom Painting inc.



proposal and contract

1903 Oakwood dr. The Dalles, OR. 97058
 paintwithstyle@charter.net
 phone # 541-965-1198
 CCB# 178129

PROPOSAL SUBMITTED TO North Central Public Health District		PHONE	DATE 3/14/2018
STREET 419 E 7 th Street		JOB NAME Annex B upper floor / Repaint	
CITY, STATE AND ZIP CODE The Dalles, OR. 97058		JOB LOCATION Annex B upper floor	
ARCHITECT	DATE OF PLANS	ATT: Teri Thalhofer / Director	JOB PHONE

We hereby submit specifications and estimates for:

The prep and repainting of the Upper Floor of the Annex B Building, work to include all ceilings and walls, Doors and jambs, windows, one cabinet in break room and the inside of one cabinet in last office on the south East side of building, all bath rooms, and all rooms on upper floor, Except last room on floor at the east end of building, Work to be performed we will start the job by prep and patching were needed to ready surfaces for painting , Then we will put a full coat of primer on all surfaces to be painted and once this is all done we will apply one finish coat of paint to all surfaces to be painted according to the contract to complete the job.

products to be used are as follows ultra bonding primer and Cashmere finish coat low luster finish. from Sherwin -Williams paint company.

This bid also includes the patching of one large hole with a piece of thin plywood to cover hole as we discussed.

~~We Propose~~ hereby to furnish material and labor - complete in accordance with above specifications, for the sum of:

TWELVE THOUSAND EIGHT HUNDRED SEVENTY FIVE----- dollars (\$ **12875.00**)

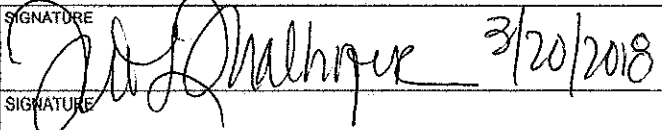
Payment to be made as follows:

A down payment of \$4291.68 to start the job and a payment of \$4291.66 at the midway point of job and a final payment of \$4291.66 upon completion of the job.

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delay beyond our control. Owner to carry fire, tomoado and other necessary insurance. This proposal may be withdrawn by us if not accepted within 30 days. workers are fully covered by Workmen's Compensation insurance.

Authorized Signature By Dana Hardwick President

Acceptance of Proposal The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

SIGNATURE  3/20/2018

DATE OF ACCEPTANCE:

SIGNATURE

Agreement #154663



**OREGON HEALTH AUTHORITY
INTERGOVERNMENTAL AGREEMENT
FOR ENVIRONMENTAL HEALTH SERVICES**

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to dhs-oha.publicationrequest@state.or.us or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

This First Amendment to Oregon Health Authority Intergovernmental Agreement for Environmental Health Services (as amended the "Agreement"), is between the State of Oregon acting by and through its Oregon Health Authority ("OHA") and North Central Public Health District, the Local Public Health Authority ("LPHA"), acting by and through its Health and Human Services Department, each a "Party" and together, the "Parties."

AGREEMENT

1. Section 7 "OHA Responsibilities", Subsection 7.15 is hereby amended to add an additional Division as follows: new language is **underlined and bold**:

Comply with applicable provisions of ORS 446.310 to 446.350 and 446.990, ORS 448.005 to 448.090, ORS 624.010 to 624.121, 624.310 to 624.430, 624.650 and 624.992, OAR 333, Divisions 12, **14**, 29 to 31, 60, 62, 150, 157, 158, 160, 162, 170, and 175.

2. Section 21 "Subcontracts and Assignment", Subsection 21.1 is deleted in its entirety and restated with the following: Deleted language is ~~struck through~~ and new language is **underlined and bold**:

~~Neither Party may enter into any subcontracts for the performance of any of its obligations under this Agreement, without the prior written consent of the other Party.~~

If LPHA intends to contract with a person to perform services or activities required under this Agreement, such person may not perform any function, duty or power of the LPHA related to governance as that is described in OAR 333-014-0580. LPHA must provide notice to OHA in accordance with OAR 333-014-0570(2) and (5) and subcontracts must comply with OAR 333-014-0570(4).

3. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
4. The parties expressly ratify the Agreement as herein amended.
5. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.
6. This Amendment becomes effective on the date of the last signature below.

OREGON HEALTH AUTHORITY INTERGOVERNMENTAL AGREEMENT FOR ENVIRONMENTAL HEALTH SERVICES

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the dates set forth below their respective signatures.

7. Signatures.

By: Andre Ourso
Name: Andre Ourso
Title: Administrator, Center for Health Protection
Date: 3/18/18

NORTH CENTRAL PUBLIC HEALTH DISTRICT LOCAL PUBLIC HEALTH AUTHORITY

By: Jen L. Thalhofer
Name: Jen L. Thalhofer (BSA)
Title: Director
Date: 3/9/2018

DEPARTMENT OF JUSTICE – APPROVED FOR LEGAL SUFFICIENCY

Amendment form group-approved by Shannon O'Fallon, Senior Assistant Attorney General, Health and Human Services Section, General Counsel Division, Oregon Department of Justice by email on February 12, 2018, copy of email approval in Amendment file.

REVIEWED BY OHA PUBLIC HEALTH ADMINISTRATION

By: Brett Sherry
Name: Brett Sherry (or designee)
Title: Program Manager
Date: 3/16/18

REPRODUCTIVE HEALTH PROGRAM MEDICAL SERVICES AGREEMENT

This Medical Services Agreement (Agreement) sets forth the conditions for being enrolled as a provider agency (Agency) with the State of Oregon, Oregon Health Authority (OHA), Center for Prevention and Health Promotion (CPHP) and to receive payment by CPHP for reproductive health services, supplies, and devices furnished by Agency to persons eligible (Clients). To be enrolled as a provider agency under this Agreement, Agency must identify in Appendix A the Clinics enrolled under this Agreement.

Eligibility as a provider in the Reproductive Health (RH) Program is conditioned on the Agency's execution and delivery of the application and required certification. The information disclosed by the Agency may be subject to verification by CPHP. This information will be used for purposes related to the administration of the RH Program.

As a condition for participation as an Agency with OHA, Agency agrees as follows:

A. Services:

1. To provide reproductive health services, supplies, and devices to individuals covered by the Oregon Health Plan (OHP) as well as Clients.
2. To follow counseling, education, and clinical practices related to reproductive health care based on evidence-based, national standards of care.
3. To enroll as an OHP Provider prior to final approval as an Agency and comply with all applicable Health Systems Division (HSD) statutes and rules.
4. To adhere to all applicable OARs. "OARs" means the CPHP Oregon Administrative Rules, OAR 333-004-2000 through 333-004-2190, as those rules may be adopted or amended from time to time.
5. To provide all reproductive health services, supplies, and devices for which CPHP pays the Agency under this Agreement as an independent contractor. The Agency is not an "officer", "employee", or "agent" of CPHP or OHA, as those terms are used in ORS 30.265. Nothing in this Agreement requires Agency to perform services described in this section if OHA has no funding available to pay for services.

B. Accurate billing: To certify by signature of the Agency or designee, including electronic signatures on a claim form or transmittal document, that the care, services, equipment or supplies claimed were actually provided and medically appropriate, were documented at the time they were provided, and were provided in accordance with professionally recognized standards of health care, OARs, and this Agreement. The Agency is solely responsible for the accuracy of claims submitted and the use of a billing entity does not change the Agency's responsibility for the claims submitted on Agency's behalf. Any overpayment made to the Agency by OHA may be recouped by OHA including withholding of future payments or other processes as authorized by law.

C. Payment: To accept CPHP's payment for any reproductive health services, supplies, and devices as payment in full and to not make any additional charge to a Client except as specifically allowed by the OARs. Eligibility for payment is determined using the procedures described in the OARs. Claims and data must be submitted through secure means as instructed by CPHP.

By accepting payment, the Agency certifies that it has complied with all applicable state laws, federal laws, and OARs. Payment for services performed is contingent on CPHP receiving federal and state funding sufficient to allow CPHP to continue to make payments.

D. Record keeping; access; confidentiality of client's records:

1. To keep complete, accurate financial and clinical records, and all other documentation regarding the specific care, items, or services for which payment has been requested.
2. To provide upon reasonable request by CPHP, OHA, HSD, the Oregon Secretary of State's Office and their duly authorized representatives, immediate access to review and copy any and all records relied on by Agency in support of reproductive health services, and contraceptive supplies and devices billed to CPHP. The term "immediate access" means at the time the written request is presented to the Agency.
3. To protect the confidentiality of identifying information that is collected, used, or maintained about a Client. A Client's records are confidential and may only be disclosed to the Client or to others with the Client's prior written consent, for purposes directly connected with the administration of the public assistance laws, or as required by law. To the extent the Agency is a covered entity as that term is defined in 45 CFR 160.103, the Agency acknowledges that it is required to comply with the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR 160, 162, and 164.

E. Security: To take reasonable precautions to assure the security of all confidential information, all login information and passwords, or other security access codes.

F. Compliance with applicable laws: To comply with federal, state and local laws, and regulations applicable to this Agreement including but not limited to OAR 333-004-2130 and 410-120-1380. The agency is responsible for all Social Security payments and federal or state taxes applicable to payments under this Agreement.

G. Changes to CPHP Administrative Rules: During the term of this Agreement, OHA may make changes to the OARs that govern the RH program. OHA will ensure that Agency receives notice, which may include electronic delivery of the rulemaking which will include information about where to find the draft rules and the time period for submitting public comments. In addition, OHA will ensure that the Agency receives notice, which may include electronic delivery, of the final rules and their effective date. Agency's delivery of services pursuant to this Agreement after receipt of the notice of the final rules shall be considered Agency's acceptance of the new rules and this Agreement shall be deemed amended at such time to incorporate the revised rules. If Agency does not wish to accept and be bound by the new rules Agency should not render further services after receipt of notice of the final rules and should terminate this Agreement in accordance with Section I below.

H. Notification of changes: Agency must notify CPHP of changes in agency or clinic(s) name, address, business affiliation, licensure, ownership, or status, including new or closing clinics, within 30 days of change.

I. Termination and duration of agreement: This agreement shall remain in effect until such time as the Agency or CPHP terminates the agreement. The Agency or CPHP may terminate this Agreement without cause at any time by written notice to the others by certified mail, return receipt requested, subject to any specific Agency provider termination requirements in the OARs. This notice shall specify the effective date of termination. The Agency shall send the termination notice to:

Oregon Reproductive Health Program
800 NE Oregon Street, Suite 370
Portland, Oregon 97232

J. Eligibility and continued participation; agency sanctions and payment recovery: Failure to comply with the terms of this Agreement or the OARs, failure of the application or certificate to be

accurate in any respect, or failure to notify CPHP of changes in name, address, business affiliation, licensure, or ownership may result in sanctions, termination of the agreement, or payment recovery pursuant to OAR 333-004-2140, 333-004-2150, and 333-004-2160 subject to Agency appeal rights described in OAR 333-004-2170.

K. **Effective date:** This Agreement is effective upon the date of approval of the CPHP representative, as indicated by the signature at the end of the Agreement or upon the date of approval as an OHP provider by HSD, whichever is the later, unless those dates are prior to April 1, 2018, in which case this Agreement is effective on April 1, 2018. Any prior contract, price agreement, or vendor agreement between OHA and Agency for reproductive health services, and contraceptive supplies and devices is terminated as of April 1, 2018. Nothing in this Agreement is intended to terminate an MSA, the Agency has with OHA for Oregon Contraceptive Care that is subject to OARs 333-004-0000 through 333-004-0230.

North Central Public Health District
Agency name

By signing this Agreement you acknowledge that you have read the Agreement, understand the terms of the Agreement and agree to be bound by the terms and conditions of the Agreement.

[Signature]
Signature of agency authorized business representative

3/13/18
Date

Teri Thalhofer
Printed name

Director
Title of business representative

CPHP: By its signature, the Center for Prevention and Health Promotion certifies that the Agency qualifies as a RH Program Provider Agency.

By: [Signature] Date: 3/13/18

TIM D NOE
Printed name

CENTER ADM.
Title

NOTE: If an agency changes name, address, business affiliation, licensure, ownership, certification, or status, including new or closing clinics, CPHP and HSD must be notified in writing within 30 days of the change in accordance with Section H of the Agreement. Payments made to agencies who have not furnished such notification may be recovered.

**Applications must be signed and dated by the Provider Agency Representative.
CPHP will not accept stamped signatures. CPHP will return incomplete applications.**

All written correspondence regarding this Medical Services Agreement, including application and termination notice, should be sent to:

Oregon Reproductive Health Program
800 NE Oregon Street, Suite 370
Portland, Oregon 97232

**REPRODUCTIVE HEALTH PROGRAM
MEDICAL SERVICES AGREEMENT
Appendix A**

Clinics in which Agency will operate the Reproductive Health Program under this Agreement:

Clinic Name
1. North Central Public Health District
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.