

## **REQUEST FOR QUOTATION**

# TRAUMA INFORMED YOGA INSTRUCTOR

90-23-245-RFQ



# MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT VALLEYWISE HEALTH

# REQUEST FOR QUOTATION TRAUMA INFORMED YOGA INSTRUCTOR 90-23-245-RFQ

DATE OF ISSUE: MAY 3, 2023

DEADLINE FOR INQUIRIES: MAY 15, 2023, NO LATER THAN 11:00AM PHOENIX AZ. TIME

<u>Direct contact with any Valleywise Health personnel associates with</u>
<u>this procurement other than the Procurement Officer Mary Hammer,</u>
is not allowed beginning with the issuance of this document through

contract award. Failure to comply may deem your offer non-

responsive.

DATE & TIME PROPOSALS DUE MAY 30, 2023, NO LATER THAN @11:00AM PHOENIX, AZ. TIME

# **REQUEST FOR QUOTATION**



OFFER AND ACCEPTANCE

90-23-245-RFQ

Request for Quotation No: 90-23-245-RFQ Due Date: May 30, 2023

Material and/or Services: CERTIFIED TRAUMA INFORMED YOGA INSTRUCTOR(S Due Time: No Later Than: 11:00AM

Phoenix, AZ. Time

**Location: Valleywise Health Contracts Management** 

Mailing Address: All offers must be Emailed to:

Mary.Hammer@valleywisehealth.org

By signing below, the Proposer hereby certifies that:

They have read, understand, and agree that acceptance by Valleywise Health of the Proposer's offer by the issuance of a purchase order or contract will create a binding contract; They agree to fully comply with all terms and conditions as set forth in the Valleywise Health Procurement Code, and amendments thereto, together with the specifications and other documentary forms herewith made a part of this specific procurement;

The person signing the Proposal certifies that he/she is the person in the Proposer's organization responsible for, or authorized to make, decisions regarding the prices quoted. The Proposer is a corporation or other legal entity.

No attempt has been made or will be made by the Proposer to induce any other firm or person to submit or not to submit a Proposal in response to this RFQ.

	FQ issued by Valleywise Health nd returned with the Proposal.		en received	by the pers	son/organization below. All
■ No amendments have bee	-		re valid for	180 days fro	om the date of submission.
	Vendor C	Quotatio	n		
Company Name:			Contractor	FEIN/SSM: _	
Company Account Manager				Payment To	erms: <u>net 45 days</u>
Address		City	State	Zip Code	Telephone:
					Email:
		•	•	•	
Authorized Signature	Typed Name		Title		Date

# ACCEPTANCE OF OFFER AND CONTRACT AWARD (For Valleywise Health Use Only)

Your offer is hereby accepted. The Contractor is now bound to sell the materials and/or services listed by the attached award notice based upon the solicitation, including all terms conditions, specifications, amendments, etc., and the Offerors offer as accepted by the District. The Offeror is hereby cautioned not to commence any billable work or provide any material or service under this contract until the offeror receives an executed Blanket Purchase Order

Approved by:	This is NOT a Purchase Order
Date: Contract Number: 90-23- 245	Contract Term: One Year (1) with the option to renew for a period not to exceed five (5) Years

# REQUEST FOR QUOTATION CERTIFIED TRAUMA INFORMED YOGA INSTRUCTOR

90-23-245-RFQ

SCOPE OF WORK

## Introduction:

Maricopa County Special Health Care District dba Valleywise Health Behavioral Health Services hereby solicits quotations from Certified Trauma Informed Yoga Instructors to provide Trauma Informed Yoga Classes to Behavioral Health patients throughout the Valleywise Health Behavioral Health facilities. The purpose of this solicitation is to secure Certified Trauma Informed Yoga Instructor(s) to provide Trauma Informed Yoga to the program's clients.

# 1. SCOPE OF WORK

It is the intention of these specifications that the Offeror hereunder shall provide all necessary goods and services to provide Trauma Informed Yoga Instruction for the Valleywise Health Behavioral clients. All services shall be billed to and paid by Valleywise Health.

- 1.1 All services performed under this Solicitation shall be in accordance with all applicable State, Local and Federal laws governing Trauma Informed Yoga Instruction.
  - 1.1.1 The Contractor shall maintain all required certifications and licensure in good standings within the State of Arizona for providing services as described.
  - 1.1.2 It is anticipated the Contractor shall provide services during normal business hours however, there may be weekend and holiday requirements.
  - 1.1.3 The Contractor shall maintain all records related to the professional services and duties pursuant to this solicitation. These records are the property of Valleywise Health.
  - 1.1.4 The Contractor(s) shall have a capacity to handle the volume of work expected. Valleywise Health does not guarantee expenditure of funds under any resultant contract(s) generated from this solicitation.

# 1.2 **OBJECTIVE**

- 1.2.1 At a minimum, the expected outcome of this training for the Behavioral Health Patients is:
  - Improved concentration, focus, attention, and interoceptive awareness.
  - Reduced anxiety, and anger.
  - Reduced the impact of exaggerated stress responses (fight, flight or freeze)
     Improved emotional regulation techniques.
  - Improved relaxation, sleep, and mood.

# REQUEST FOR QUOTATION CERTIFIED TRAUMA INFORMED YOGA INSTRUCTOR

90-23-245-RFQ

SCOPE OF WORK

At a minimum the Trauma Informed yoga classes shall be held as stated below:

- Each class will last no less than 45 minutes (does not include set up and breakdown);
- There will be a no less than 30 classes per month held at three (3) Valleywise Locations-Mesa, Maryvale and Phoenix, Valleywise Health will determine the number of classes for each facility on a monthly basis; Valleywise Health has the ability to make revisions without charge should there be a need.

Valleywise Health may make alterations if needed.

- 1.3 MINIMUM REQUIREMENTS: Each class will last no less than 45 minutes (includes all set up and breakdown);
  - It is anticipated there will be approximately 30 classes per month held at three (3) Valleywise Locations-Mesa, Maryvale and Phoenix, Valleywise Health will determine the number of classes for each facility on a monthly basis; Valleywise Health has the ability to make revisions without charge should there be a need. Valleywise Health makes no guarantees regarding the number of classes required.
  - 1.3.1 Valleywise Health may make alterations to the schedule if needed. Alterations will be provided to the Certified Yoga Instructor five (5) business days in advance. Valleywise Health will not be penalized for alterations to the schedule.
  - 1.3.1.1 Contractor shall not require or provide Trauma Informed Yoga that will require Valleywise Health to purchase any products and/or Equipment to provide the services stated within this RFQ.
  - 1.3.1.2 Contractor shall not charge for time spent with Valleywise Health Staff to discuss scheduling, Classes, etc.
  - 1.3.1.3 All pricing shall include travel time to and from the facility-Valleywise Health will not pay for mileage or gasoline.
  - 1.3.1.4 All pricing shall be as set forth in Attachment "A"

# REQUEST FOR QUOTATION CERTIFIED TRAUMA INFORMED YOGA INSTRUCTOR

90-23-245-RFQ

SCOPE OF WORK

# 1.4 <u>CONTRACTOR RESPONSIBILITIES</u>.

At a minimum the successful offeror(s) must include information that clearly indicates that Offeror meets the following minimum qualifications:

- Must hold 200-Hour YTT Training
- Must hold a Trauma-Informed Yoga Teacher Certification
- Must have provided similar services to a similar environment within the past two years.
- Member of "Yoga Alliance" preferred.
- 1.4.1 The following conditions shall be followed. Deviation from adherence to these conditions may jeopardize the Contractor's continued provision of services.
  - 1.4.1.1 Contractor will be responsible ensuring all Trauma Certified Yoga Instructors assigned to Valleywise Health meet the minimum qualifications.
  - 1.4.1.2 Contractor will assign specific Trauma Certified Yoga Instructors to each Valley Wise Health Behavioral Health Facilities.
  - 1.4.1.3 If an assigned Trauma Certified Yoga Instructor is unable to provide a class due to illness, vacation, etc. the contractor shall ensure that all temporary replacements are acceptable to Valleywise Health and meet the minimum requirements.
  - 1.4.1.4 Contractor is responsible for the payment to instructors.
  - 1.4.1.5 Contractor shall work with Valleywise Health on a weekly or monthly basis to determine class schedules.
  - 1.4.1.6 Contractor and/or instructor shall not have the authorization to modify class schedules without prior approval from authorized Valleywise Health Staff.
  - 1.4.1.7 Contractor shall ensure that instructors provide the mandated class time and that instructors understand set up and breakdown is **not** included in the class time.
  - 1.4.1.8 Contractor shall ensure that all instructors have their own transportation.
  - 1.4.1.9 Contractor shall be on time for all classes.

# REQUEST FOR QUOTATION CERTIFIED TRAUMA INFORMED YOGA INSTRUCTOR

90-23-245-RFQ

SCOPE OF WORK

## 1.5 QUESTIONS SPECIFIC TO THIS REQUEST FOR QUOTATION:

- 1.5.1 Proposal must submit <u>detailed</u> responses to the questions below:
  - 1.5.1.2 Describe how you would set up a space to create a safe environment; what makes it different than a regular yoga instruction environment.
  - 1.5.1.3 Describe what a yoga session would look like.
  - 1.5.1.4 Explain your knowledge/experience with mental health patients and varying diagnosis. What makes your instructors and program the most effective for patients.
  - 1.5.1.5 How would you provide feedback to patients who have been exposed to trauma?
  - 1.5.1.6 What do you need from the organization to make sure you are successful?
  - 1.5.1.7 If a patient was having difficulty with a specific yoga pose and showing signs of agitation, what would you do?
  - 1.5.1.9 What would you do if a yoga pose triggered a negative reaction to a patient.
  - 1.5.1.10 What is the difference between trauma-sensitive yoga and trauma-informed yoga?
  - 1.5.1.11 Are there any yoga poses you would avoid with trauma yoga? If yes, please explain.
  - 1.5.1.12 What is your yoga and trauma training? What certifications or degrees do you hold? How long have you been teaching trauma-informed yoga?

    What makes it different from "regular" yoga?
  - 1.5.1.13 What type of interaction with the patients during the yoga session do you feel is positive, what interaction do you feel is negative.
  - 1.5.1.14 What made you interested in Trauma Informed Yoga?
  - 1.5.1.15 What other Yoga classes do you instruct?
  - 1.5.1.16 Describe your experience with yoga instruction in an inpatient behavioral

# REQUEST FOR QUOTATION CERTIFIED TRAUMA INFORMED YOGA INSTRUCTOR

90-23-245-RFQ

SCOPE OF WORK

health setting. What has made it successful and what challenges have you had to overcome?

- 1.5.1.17 What class size are you comfortable with?
- 1.5.1.18 For the patients to receive the most benefit from Trauma Informed Yoga, should the class size be limited? If so, what class size would you recommend and why?
- 1.5.1.19 For the patients to receive the most benefit from Trauma Informed Yoga, how long should each session be and how many sessions per week would you recommend and why.
- 1.5.1.20 Proposer will provide a detailed statement of the Proposer's service approach and will describe any unique benefits to Valleywise Health from doing business with Offeror. Offeror will briefly describe its approach for each of the required services identified in the Scope of Work of this RFQ.
- 1.5.1.21 Proposer will submit a work plan. The work plan should include:
  - a. Identification of tasks to be performed.
  - b. Time frames to perform the identified tasks;
  - c. Project management methodology.
  - d. Implementation strategy;
  - e. Proposer will describe the types of reports or other written documents Offeror will provide (if any) and the frequency of reporting. Offerors are encouraged to include samples of reports and documents if appropriate.

# 1.6 General Requirements

- 1.6.1 Offeror will provide summary resumes for its proposed key personnel who will be providing services under the Contract with Valleywise Health, including their specific experiences with similar service projects, and number of years of employment with Offeror.
- 1.6.2 Offeror will describe any difficulties it anticipates in performing its duties under the Contract with Valleywise Health and how offeror plans to manage these difficulties.

# REQUEST FOR QUOTATION CERTIFIED TRAUMA INFORMED YOGA INSTRUCTOR

90-23-245-RFQ

SCOPE OF WORK

# 1.6.3 Service Support

Offeror will describe its service support philosophy, how it is implemented, and how Offeror measures its success in maintaining this philosophy.

# 1.6.4 Quality Assurance

Offeror will describe its quality assurance program, its quality requirements, and how they are measured.

## 1.6.5 Miscellaneous

- 1.6.5.1 Offeror will provide a list of any additional services or benefits not otherwise identified in this RFQ that offeror would propose to provide to Valleywise Health. Additional services or benefits must be directly related to the services solicited under this RFQ.
- 1.6.5.2 Offeror will provide details describing any unique or special services or benefits offered or advantages to be gained by Valleywise Health from doing business with Proposer. Additional services or benefits must be directly related to the services solicited under this RFQ.
- 1.6.6 Below is a list of Valleywise Behavioral Health locations:

Valleywise Behavioral Health Center - Maryvale 5102 W. Campbell Ave., Phoenix, AZ 85031

Valleywise Behavioral Health Center - Mesa 570 W. Brown Rd., Mesa, AZ 85201

Valleywise Behavioral Health Center — Phoenix 2619 E. Pierce St., Phoenix, AZ 85008

The District reserves the right to add or delete services associated with this solicitation, and the subsequent contract(s), as needed by the District.



90-23-245-RFQ

**INSTRUCTIONS** 

**HOW TO RESPOND TO THIS RFQ:** To respond to this Request for Quotations, the Offeror must:

Submit a quotation not to exceed fifteen (15) pages describing how you would perform **Certified Trauma Informed Yoga** on behalf of Valleywise Health. (Preprinted company brochures may be submitted as attachments and won't count toward the maximum number of pages). The quotation must contain sufficient detail to allow Valleywise Health to make an informed and realistic evaluation of the Offeror's services.

Submit with your quotation the following that apply:

- 1. License, certification(s), etc.
- Certificates of insurance for: Commercial general liability Vehicle liability Worker's compensation Professional liability Current W-9
- 3. Written business history/ professional qualifications submitted for review process.
- 4. Offer and Acceptance (Complete and sign)
- 5. Attachment "A" Pricing
- 6. Attachment "B" References
- 7. Attachment "C" Exceptions to the RFQ Requirements and/or contract provisions
- 8. Attachment "D" Minority/Small/Disadvantaged Business
- 9. Attachment "E" Proprietary and/or Confidential Information
- 10. Attachment "F" Contractor Employee Verification Requirement
- 11. Attachment "G" Business Associate Agreement.
- 12. Attachment "H" Offerors General Questionnaire



90-23-245-RFQ

**INSTRUCTIONS** 

**EVALUATION:** Representatives of Valleywise Health will evaluate the quotations and determine which quotations are acceptable and which are unacceptable for further consideration. If multiple quotations are determined to be acceptable for further consideration, Valleywise Health reserves the option to call for and enter into discussions (interviews) with the firms considered most likely to meet the requirements for the purpose of negotiations, on pricing and/or other portions of the quotations, if considered by Valleywise Health to be in the best interest of Valleywise Health.

The evaluation criteria are listed below in relative order of importance.

Valleywise Health's assessment of the Offerors:

- 1. Abilities: to meet and satisfy the needs of Valleywise Health, taking into consideration additional services, specialized services, or expertise offered that exceed the requirements, or the vendor's inability to meet some of the requirements of the specifications.
- Qualifications: to provide Valleywise Health with these services for the required period, appropriate staffing, provide necessary resources and show a history of demonstrated competence in providing these services to other like healthcare institutions.
- 3. Cost: while cost is the most significant factor in considering the placement of the awards, it is not the only factor. The award will not be based on price alone, nor will it be based solely upon the lowest fees submitted.
- 4. Response to the RFQ is clearly stating and understanding the scope of work.

**CODE:** The Valleywise Health Procurement Code governs this procurement and is incorporated by this reference Microsoft Word - 001 - District Procurement Code Cover Page - CLEAN 06-28-2017 (valleywisehealth.org) Pricing on written quotations is to remain confidential until the transaction is complete, i.e., the purchase order is issued. The respondent understands that the successful respondent is to be an Independent Contractor in the performance of work and the provision of services under any contract issued and is not to be considered an officer, employee, or agent of Valleywise Health. This announcement does not commit Valleywise Health to award a contract or to pay any costs incurred in the preparation of quotations. Valleywise Health reserves the right to accept or reject, in whole or in part, all quotations submitted and/or to cancel this announcement. Valleywise Health reserves the right to award more than one contract based upon the quotation(s) most advantageous to Valleywise Health, price and other factors considered. Valleywise Health reserves the right to reject any or all offers and to negotiate changes in the quotations or best and final offers.

INQUIRIES: Direct all inquiries to Mary Hammer at Mary.Hammer@valleywisehealth.org no later than May 15, 2023 by 11:00AM, Phoenix, AZ. Time

DEADLINE FOR RESPONSE: Quotations must be <u>received</u> via email no later than May 30, 2023, 11:00 A.M. Phoenix, Arizona Time.

Quotations may be e-mailed to Mary Hammer at Mary. Hammer@valleywisehealth.org, emailed submissions must



90-23-245-RFQ

**INSTRUCTIONS** 

contain an attachment size of 5MB or less to ensure receipt by Contracts Management. If a larger attachment is needed, multiple emails with a fragmented response may be sent, but this must be clearly indicated in the email subject line (i.e., Response 1 of 2, Response 2 of 2). Respondents assume all risk with the delivery of RFQ and it is strongly suggested that Respondents ensure that delivery of quotations have been received by Contracts Management before the deadline. Hard copies are not currently being accepted due to COVID-19.

### **INQUIRIES**:

Questions concerning this Request for Quotations may be submitted to Mary Hammer via e-mail at Mary.Hammer@valleywisehealth.org. Written questions concerning this Request for Quotations package should receive no later than May 15, 2023, by 11:00AM, Phoenix, AZ. Time. Direct contact with any Valleywise Health personnel associates with this procurement other than the Procurement Officer Mary Hammer, is not allowed beginning with the issuance of this document through contract award. Failure to comply with this requirement can and will cause disqualification. Exceptions to this requirement involves firms already performing services for Valleywise Health, allowing for discussions necessary for completion of services under existing contracts. Inquiries may be submitted by telephone but must be followed up in writing. No oral communication is binding on Valleywise Health. Answers to the written questions submitted by Respondents concerning the RFQ will be provided in the form of an Addendum via the Valleywise Health website.

It is the responsibility of all potential Respondents to check the Valleywise Health web site for any Addendums to the RFQ and to ensure signed Addenda are included in their response to the Solicitation.

- 1. **Submission**: Quotations shall be signed and received by the due date and time, as designated on the Quotation.
- 2. <u>Authority:</u> This Solicitation as well as any resultant contract is issued under the authority of the Director, Procurement & Contracts. No alteration of any resultant contract may be made without the express written approval of the Director, Procurement & Contracts in the form of an official contract amendment. Any attempt to alter any contract without such approval is a violation of the contract and the District Procurement Code. Any such action is subject to the legal and contractual remedies available to the District inclusive of, but not limited to, contract cancellation, suspension and/or debarment of the contractor.
- 3. **Opening:** A formal public opening will not be held for this quotation. However, all information may be publicly reviewed after award.
- 4. <u>Offer Acceptance Period:</u> In order to allow for an adequate evaluation, the District requires an offer in response to this Solicitation to be valid and irrevocable for 90 days after the opening time and date.
- 5. <u>Term of Contract:</u> The term of any resultant contract shall commence on Contract Approval and shall continue for a period of One (1) year, with the option to extend for additional periods up to a maximum contract term of five (5) years, thereafter, unless terminated, cancelled or extended as otherwise provided herein.
- 6. <u>Price Adjustment:</u> The submitted pricing should remain in effect for the initial term of the contract, if contract is reviewed for a period not to exceed five years, the Valleywise Health, Contracts Administration will review fully documented requests for price increases. The request for a price increase must be based must be made

# REQUEST FOR QUOTATION CERTIFIED TRAUMA INFORMED YOGA INSTRUCTOR

90-23-245-RFQ

**INSTRUCTIONS** 

no less than sixty days prior to the anniversary date of the contract and must contain supporting documentation (i.e. Consumer Price Index). The Valleywise Health, Contracts Management and the Valleywise Health Behavioral Health Department will determine whether the requested price increase, or an alternative option, is in the best interest of the District. The contractor shall likewise offer any published price reduction to the District concurrent with its announcement to other customers. Advanced sixty day written notification by the contractor is required for any price changes. All price adjustments will be effective on the first day of the month following approval or acceptance by the Valleywise Health, Contracts Management.

<u>Price Reduction:</u> A price reduction adjustment may be offered at any time during the term of a contract and shall become effective upon notice.

- 7. <u>Discussions:</u> In accordance with the Valleywise Health Procurement Code, after the initial receipt of proposals, discussions may be conducted with offerors who submit proposals determined to be reasonably susceptible of being selected for award.
- 8. <u>Taxes:</u> The Valleywise Health is exempt from Federal Excise Tax, including Federal Transportation Tax. Sales Tax, if any, should be indicated as a separate item.
- 9. **Quotation Rejection:** Valleywise Health reserves the right to reject any, or all, quotations, combinations of items, or lot and to waive defects or informalities.
- 10. <u>Brand Names:</u> Any manufacturer's names, trade names, brand names, or catalog numbers used in the specifications are for the purpose of describing and establishing the general quality level, design, and performance desired. Such references are not intended to limit or restrict bidding by other vendors but are intended to approximate the quality design or performance which is desired. Any bid which proposes like quality, design or performance will be considered. Equivalent products will be considered, provided a complete description and product literature is provided. Unless a specific exception is made, assumption will be that the item is bid exactly as specified on the Request for Quotation.
- 11. <u>Erasures:</u> Erasures, interlineations or other modifications shall be initialed by the individual signing the Request for Quotation.
- 12. <u>Unit Price:</u> In case of error in the extension of prices, the unit shall govern. No Quotation shall be altered, amended, or withdrawn after the specified date and time for receiving Quotations. Negligence by the Vendor in preparing the Quotation confers no right for the withdrawal of the Quotation after it has been opened.
- 13. **New:** All items shall be new, unless otherwise stated in the specifications.
- 14. <u>Payment:</u> The Valleywise Health will make every effort to process for the purchase of goods or services within thirty (30) calendar days after receipt of goods or services and a correct notice of amount due, unless a good faith dispute exists as to any obligation to pay all or a portion of the account. Any bid that requires payment in less than thirty (30) days shall not be considered.
- 15. Payment Discounts: Payment discount periods will be computed from date of receipt of materials or services or correct invoice, whichever is later, to the date payment is mailed. Unless freight and other charges are itemized, any discount provided will be taken on full amount of invoice. Payment discounts of thirty (30) calendar days or more will be deducted from the bid price in determining the low bid. However, the Valleywise Health shall



90-23-245-RFQ

	INSTRUCTIONS		
be entitled to take the discount perio	be entitled to take advantage of any payment discount offered by the Vendor provided payment is made within the discount period.		



90-23-245-RFQ

## 1. ORDER OF PRECEDENCE

To the extent that the Special Provisions, if any, conflict with the General Provisions, the Special Provisions shall control. To the extent that the Work Statement conflicts with the General Provisions or the Special Provisions, then the Work Statement shall control. To the extent that the Compensation Provisions conflict with the General Provisions, Special Provisions or Work Statement, then the Compensation Provisions shall control.

# 2. **DEFINITIONS**

As used in this Contract, the following terms shall have the meanings set forth below:

<u>Acceptable Invoice (Invoice)</u> means an invoice that may be processed to adjudication without obtaining additional information from the Contractor or provider of service or from a third party, but it does not include invoices under investigation for fraud or abuse.

**CEO** means the Chief Executive Officer of Valleywise Health or his/her designee.

<u>Comprehensive Health Center (CHC)</u> means the Family Health Center, located on the Valleywise Health Medical Center campus, which provides outpatient primary and specialty care services.

<u>Contract</u> means this document and all its Agreements and amendments, including where applicable, contractors/respondent's quotation.

<u>Contractor</u> means the Offeror, Vendor, person, firm, or organization listed on the cover page of this Contract and includes its agents, employees, and sub-contractors.

<u>Deeming Authority</u> means the authority granted to an accreditation organization by CMS in accordance with Section 1865 of the Social Security Act.

**Department** means any Department of Valleywise Health.

<u>Desert Vista</u> means the stand-alone mental health facility located at 570 West Brown Road, Mesa, Arizona 85207, owned and operated by Valleywise Health.

<u>Community Healthcare Centers (CHC)</u> means one or more of the facilities listed in Exhibit A.

<u>Fraud</u> means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable state or federal law.

<u>Grievance</u> means a complaint concerning an adverse action, decision, or policy by Contractor, its subcontractor, non-contracted provider, Valleywise Health, presented by an individual or entity.

<u>HIPAA</u> means the Health Insurance Portability and Accountability Act of 1996 (PL 104-191) and the United States Department of Health and Human Services (DHHS) final regulations on "Privacy Standards for Individually Identifiable Health Information", as amended and clarified from time to time.

<u>Valleywise Health</u> means Valleywise Health Medical Center, the Comprehensive Healthcare Center (CHC), Desert Vista, the Family Healthcare Centers (FHCs), the Valleywise Health Urgent Care Clinic and any other health



90-23-245-RFQ

care related facility owned or operated by Valleywise Health. Valleywise Health is synonymous with the Maricopa County Special Health Care District.

<u>Valleywise Health Medical Center</u> means the hospital component of Valleywise Health located at 2601 East Roosevelt, Phoenix, Arizona 85008.

<u>Valleywise Health Urgent Care Clinic (UCC)</u> means the Urgent Care Clinic located at 1201 S. 7<sup>th</sup> Avenue, Phoenix, Arizona 85007.

<u>Patient</u> means any individual who is provided health care at a Valleywise Health owned, operated or contracted health care facility or by a Valleywise Health contracted provider.

<u>Payer</u> means any party other than Valleywise Health and Contractor who is obligated to make payments to Valleywise Health and/or the Contractor pursuant to a contract or standards of participation for the provision of health care services.

<u>Payer Contract</u> means an agreement between Valleywise Health and a Payer or funder, pursuant to which Valleywise Health agrees to provide or arrange to provide Covered Services to Members, Patients, or Beneficiaries.

<u>Plan</u> means a health benefits plan under which a Payer/Funder has contracted with Valleywise Health to provide or arrange to provide Covered Services to enrolled Members, Beneficiaries or Patients.

<u>Subcontractor</u> means one who enters into an agreement with and assumes some of the obligations of the primary Contractor.

# 3. LAWS, RULES AND REGULATIONS

- A. This Contract and Contractor is subject to all state and federal laws, rules and regulations that pertain hereto, including OSHA statutes and regulations.
- B. The Contractor warrants compliance with A.R.S. subsection § 41-4401, A.R.S. subsection § 23-214, the Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees. Contractor shall obtain statements from its subcontractors certifying compliance and shall furnish the statements to Valleywise Health upon request. These warranties shall remain in effect through the term of the Contract. The Contractor and its subcontractors shall also maintain Employment Eligibility Verification forms (I-9) as required by the U.S. Department of Labor's Immigration and Control Act, for all employees performing work under this Contract. I-9 forms are available for download at USCIS.GOV.

Valleywise Health may request verification of compliance for any Contractor or subcontractor performing work under this Contract. Should Valleywise Health suspect or find that the Contractor or any of its subcontractors are not in compliance, Valleywise Health may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Contract for default, and suspension and/or debarment of the Contractor. All costs necessary to verify compliance are the responsibility of the Contractor.



90-23-245-RFQ

- C. Contractor shall comply with Section 6032 of the Deficit Reduction Act of 2005, as amended, and Valleywise Health policies related to the detection of fraud, waste and abuse. The following documents are incorporated into this agreement by reference and available to Contractor via the links below. Contractor signifies receipt of the documents and agrees to comply with the requirements stipulated by federal law and Valleywise Health policy:
  - The Valleywise Health False Claims Act policy is available at: <u>https://valleywisehealth.org/legal/privacy-Policy</u> under the Compliance Policies and Information section.
  - 2. Information about all Valleywise Health programs to detect and prevent fraud, waste and abuse is available at: <a href="https://valleywisehealth.org/legal/privacy-policy">https://valleywisehealth.org/legal/privacy-policy</a>/ under the Compliance Policies and Information section.
- D. The terms of this Contract shall be construed in accordance with the laws, ordinances, rules, regulations and zoning restrictions of the United States of America, the State of Arizona, County of Maricopa, and the appropriate municipality; any action thereon shall be brought in the appropriate court in the State of Arizona.

### 4. NO GUARANTEED VOLUME

Valleywise Health makes no representations nor guarantees the Contractor any maximum or minimum volume, payment, reimbursement, or number of units of service to be provided.

# **5. NON-EXCLUSIVE STATUS**

Valleywise Health reserves the right to have the same or similar service provided by a vendor other than the Contractor. Contractor will not be obligated to render services exclusively on behalf of Valleywise Health or Patients; provided however, that such non- Valleywise Health activities do not hinder, impair or conflict with Contractor's ability to fully perform its obligations under this Contract.

### 6. COOPERATIVE PURCHASING

This Contract is awarded on behalf of Valleywise Health in its entirety. Valleywise Health has also entered into Cooperative Purchasing arrangements and Intergovernmental Agreements (IGAs) with other public agencies. Any eligible political subdivision, school district or other governmental jurisdiction that is a participant in a Cooperative Purchasing arrangement or IGA in which Valleywise Health is also a participant, may utilize the services of this Contract. Such use by other public agencies will require approval of the Contractor and will require the using public agency to place, receive and pay for its own orders and to address any other processes that vary from this Contract. Valleywise Health shall not be responsible for any disputes arising out of transactions made by other public agencies.

# 7. COOPERATION WITH OTHER CONTRACTORS AND SUBCONTRACTORS

Contractor shall fully cooperate with other Valleywise Health contractors and subcontractors and carefully plan and perform its own work to accommodate the work of other Valleywise Health contractors. The Contractor shall not commit or permit any act, which will interfere with the performance of work by any other contractor, with the exception of those necessary to protect Patients, employees and visitors from danger.



90-23-245-RFQ

# 8. SAFEGUARDING OF CONFIDENTIAL AND PRIVILEGED PATIENT INFORMATION

Valleywise Health and Contractor shall safeguard confidential and privileged Patient information i.e., medical, financial and patient specific information, and shall only disclose such information in accordance with all applicable federal, state and local laws, rules, and/or regulations, including HIPAA. The use or disclosure by any party of any information concerning a Patient served under this Contract or any other applicable Payer Contract is directly limited to services under this Contract subject to applicable federal, state and local laws, rules and/or regulations. Contractor's obligation to maintain the confidentiality of all medical, financial and patient specific information shall exist after termination or expiration of this Contract. Contractor shall assist Valleywise Health with regard to the Valleywise Health obligation to comply with HIPAA.

# 9. SUPPLY AND OWNERSHIP OF INFORMATION

Each party shall supply to the other party, upon request, any available information that is relevant to this Contract or any other applicable Payer Contract and to the performance of the parties hereunder.

Subject to applicable state and federal laws, rules and regulations, including without limitation those concerning confidentiality of Patient records, Valleywise Health shall have shared ownership rights to such records whether housed by Contractor or Valleywise Health and the shared right to inspect, reproduce, duplicate, distribute, display, disclose and otherwise use all records, reports, information, data and material prepared by the Contractor in performance of the Contract.

# 10. LICENSES AND PERMITS

- A. The Contractor shall, without limitation, obtain and maintain all licenses, permits, and authority necessary to do business, render services, and perform work under this Contract, and shall comply with all laws regarding unemployment insurance, disability insurance, and worker's compensation. Contractor shall pay all charges and fees necessary and incidental to the lawful conduct of their business. Contractor shall keep themselves current and fully informed of existing and future federal, state, and local laws, ordinances and regulations, which in any manner affect the fulfillment of this Contract and shall comply with the same.
- B. The Contractor, Contractor's employees and Subcontractors must not be under any sanctions, restrictions or provisional status from any applicable federal or state licensing/certifying/ credentialing agency, including but not limited to those agencies that have been granted Deeming Authority for Accreditation Organizations by CMS.

## 11. TAX AND INSURANCE OBLIGATIONS

Contractor assumes sole and exclusive responsibility for payment of any state and federal income taxes, federal social security taxes, worker's and unemployment insurance benefits for its physicians, staff, agents and employees as well as any and all other mandatory governmental deductions or obligations; in addition, Contractor assumes sole and exclusive responsibility for any pension or retirement program(s) for its staff, agents or employees whether required by law or not; in connection with the obligations contained in this paragraph, Contractor shall indemnify, defend and hold harmless Valleywise Health for any and all liability which Valleywise Health may incur as a result of Contractor's failure to pay such taxes or any such financial responsibility, as well as the Valleywise Health liability for any such taxes or mandatory governmental obligations.



90-23-245-RFQ

## 12. RETENTION AND ADEQUACY OF RECORDS

The Contractor agrees to retain all financial books, records, and other documents pertaining to this Contract or any other applicable Payer Contract for at least six years after final payment or until six years after the resolution of any audit questions or disputes. Valleywise Health, state or federal auditors and any other persons duly authorized by Valleywise Health shall have full access to, and the right to examine, copy and make use of any and all said materials. The Contractor's record system will provide accurate, timely, complete, organized and legible information.

### 13. CONTRACT COMPLIANCE MONITORING

- A. Valleywise Health shall monitor the Contractor's compliance with and performance under this Contract. On-site visits for compliance monitoring may be made by Valleywise Health, its designees and/or its Payer/Funder at any time during the Contractor's normal business hours, announced or unannounced. The Contractor shall make available for inspection and copying for the Valleywise Health monitors, all records and accounts relating to the work performed or the services provided under this Contract or any other applicable Payer Contract. Upon request, the Contractor will investigate and respond in writing to appropriate Valleywise Health staff concerns within ten (10) calendar days of receipt or notification of a request.
- B. If Valleywise Health needs the assistance or expertise of a private accounting, auditing, health care financing or contract compliance firm, and if Contractor and Valleywise Health agree in writing, they will equally share such expenses.
- C. Contractor agrees to take timely corrective action to resolve any problem identified from monitoring findings.
- D. Valleywise Health may change or add to these requirements, when applicable laws, rules and regulations are modified or created necessitating a change.

### 14. AUDIT AND AUDIT DISALLOWANCE

- A. Valleywise Health reserves the right to audit any financial records of the Contractor or any Subcontractor(s), which relate to the terms under this Contract including services and billings made to Valleywise Health. Such audits will be made at the Valleywise Health expense at a time and place convenient to the Contractor. If the Contractor desires to participate in the selection of the auditor, the Contractor must be willing to share equally in the costs.
- B. Valleywise Health representatives displaying Valleywise Health identification shall have the right, during normal business hours, to enter the Contractor's facility for the purpose of examining records and related documents pertaining to services performed under this Contract or any other applicable Payer Contract and Contractor shall make available such records as requested.
- C. If at any time it is determined by Valleywise Health that a service or commodity for which payment has been made is disallowed, Valleywise Health shall notify the Contractor in writing with the required course of action. It is at the Valleywise Health option to submit an invoice to Contractor for the amount, to adjust any future invoice submitted by the Contractor in the amount of the disallowance or to require repayment plus interest at the rate provided in A.R.S. § 44-1201 of the disallowed amount by the Contractor.



90-23-245-RFQ

- D. Contractor, upon written notice, shall reimburse Valleywise Health for any payments made under this Contract which are disallowed by a state, federal audit in the amount of the disallowance.
- E. Should either party undertake court action concerning a disallowance, the prevailing party shall receive, as part of its remedy, compensation for reasonable attorney fees, costs, expenses and court costs.

# 15. VALLEYWISE HEALTH RECOUPMENT RIGHTS

In addition to any other remedies set forth in this Contract, Valleywise Health has the right to recoup, offset or withhold from Contractor any monies that Contractor has received but not yet provided the services, or where such monies should not have been provided to Contractor under the terms of this Contract or any other Payer Contract or where Valleywise Health is obligated to recoup under state or federal laws.

## 16. DISPUTES

Except as otherwise provided by law, any dispute arising under this Contract shall be submitted to the Dispute Process as specified in the applicable Valleywise Health Procurement Code, Article 7 as amended from time to time.

### 17. NON-DISCRIMINATION

The Contractor shall not in any way discriminate against any Patient on the grounds of race, color, religion, sex, national origin, age, disability, health status and genetics, political affiliation or belief. The Contractor shall include a clause to this effect in all its pertinent subcontracts. The Contractor shall also comply with all applicable provisions of the Americans with Disabilities Act of 1990.

# 18. EQUAL EMPLOYMENT OPPORTUNITY

The Contractor will not discriminate against and shall take positive action to ensure that discrimination does not occur regarding any employee or applicant for employment because of race, color, religion, sex national origin, age, disability, or political affiliation. Employment discrimination includes harassment because of an individual's race, color, religion, sex, national origin, age or disability. The Contractor will, to the extent such provisions apply, comply with the Equal Pay Act of 1963; Title VI and VII of the Federal Civil Rights Act; the Federal Rehabilitation Act; the Age Discrimination in Employment Act; the Americans with Disabilities Act of 1990; the Immigration Reform and Control Act (IRCA) of 1986; and Arizona Executive Order 2009-09 and Federal Order 11246, which mandates that all persons shall have equal access to employment opportunities. Furthermore, Contractor shall not violate any local, state, or federal law, rule or regulation prohibiting discrimination in employment.

## 19. COVENANT AGAINST CONTINGENT FEES

The Contractor warrants that no person or selling agency has been employed or retained to solicit or secure this Contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee excepting bona-fide employees or bona-fide established commercial or selling agencies retained by the Contractor for the purpose of securing business. For breach or violation of this warranty, Valleywise Health shall have the right to terminate this Contract without liability and at its sole discretion, to deduct from the Contract price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.



90-23-245-RFQ

## 20. INDEPENDENT CONTRACTOR STATUS AND NON-LIABILITY

- A. The Contractor is an Independent Contractor in the performance of all work and the provision of all services under this Contract and is not to be considered an officer, employee, or agent of Valleywise Health.
- B. This Contract is not intended to constitute, create, give rise to or otherwise recognize a joint venture agreement or relationship, partnership or formal business organization of any kind, and the rights and obligations of the parties shall be only those expressly set forth in this Contract.
- C. Valleywise Health and its officers and employees shall not be liable for any act or omission by the Contractor occurring in the performance under this Contract or any other applicable Payer Contract, nor shall Valleywise Health be liable for purchases or contracts made by the Contractor in anticipation of funding hereunder.

### 21. INDEMNIFICATION

- A. To the fullest extent permitted by law, the Contractor shall indemnify, defend and hold harmless Valleywise Health, its agents, representatives, officers, directors, officials and employees from and against any and all claims, damages, losses and expenses (including but not limited to attorney fees, court costs) relating to, arising out of, or alleged to have resulted from the Contractor's acts, errors, omissions or mistakes relating to any service provided by Contractor as well as any other activity of or by Contractor under the terms of this Contract or any other Payer Contracts that are incorporated into this Contract. Contractor's duty to hold harmless, defend and indemnify Valleywise Health, its agents, representatives, officers, directors, officials and employees shall arise in connection with any claim, damage, loss or expense, including but not limited to those attributable to bodily injury, sickness, disease, death, or injury to, impairment, or destruction of property including loss of use resulting there from, caused by any acts, errors, mistakes or omissions related to any service or professional services as well as any other activity under the terms of this Contract, or any other contracts that are incorporated into this Contract, including any person for whose acts, errors, mistakes or omissions the Contractor may be legally liable.
  - In addition to the indemnification obligations set forth above, if the Contractor provides goods or services other than direct patient care services under this Contract, Contractor must provide for the defense and defend Valleywise Health in any actions referenced above.
- B. Nothing in this Contract or any other contract(s) including Payer Contracts that are incorporated into this Contract may be construed as limiting the scope of the indemnification provisions contained in this Contract.
- C. The provisions of this paragraph and the Contractor's indemnification obligation will survive beyond the expiration or termination of this Contract.

## 22. INSURANCE PROVISIONS AND REQUIRED COVERAGE, TERM AND TERMINATIONS AND BONDS

A. **General.** The Contractor shall, at its own expense, purchase and maintain the minimum insurance specified below with companies duly licensed, with a current A.M. Best, Inc. Rating of A VII<sup>1</sup>, or approved unlicensed by the State of Arizona Department of Insurance.

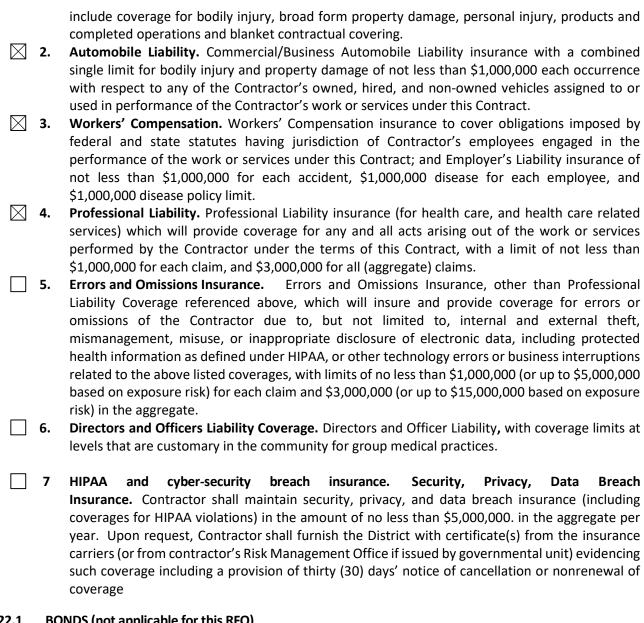


90-23-245-RFQ

- B. **Additional Insured.** The insurance coverage, except Workers' Compensation, required by this Contract, shall name Valleywise Health, its agents, representatives, officers, directors, officials and employees as Additional Insured.
- C. Duration of Coverage. All insurance required herein shall be maintained in full force and effect during the term of this Contract and until all work or services required to be performed under this Contract has been satisfactorily completed and formally accepted by Valleywise Health. Thereafter, the insurance and indemnification provisions contained in this Contract will extend beyond the termination date of this Contract.
- D. **Tail Coverage.** In the event any insurance policy or policies required by this Contract are written on a "claims made" basis, Contractor shall obtain coverage for at least two years beyond the termination of this Contract based on availability of such coverage and reasonableness of cost.
- E. **Claim Reporting**. Any failure to comply with the claim reporting provisions of Contractor's policies or any breach of a policy warranty shall not affect Contractor's obligations or coverage afforded under the policies to protect Valleywise Health.
- F. **Waiver (Subrogation)**. The policies shall contain a waiver of transfer rights of recovery (subrogation) against Valleywise Health, its agents, representatives, directors, officers, and employees for any claims arising out of the Contractor's work or service.
- G. **Deductible/Retention.** Contractor's policies may provide coverage, which contain deductibles or self-insured retentions. The Contractor shall be solely responsible for the deductible and/or self-insured retention.
- H. **Certificates of Insurance.** Prior to commencing work or services under this Contract, Contractor shall, upon request, furnish Valleywise Health with Certificates of Insurance, or formal endorsements evidencing that the required policies and/or coverage are in full force and effect during term of this Contract and where relevant, thereafter. All Certificates of Insurance shall be identified with this Contract number and title.
- I. **Cancellation and Expiration Notice.** Insurance required by the terms of this Contract shall not expire, be canceled, or materially changed without 15 days prior written notice to Valleywise Health. If a policy does expire during the life of this Contract, a renewal Certificate must be sent to Valleywise Health fifteen (15) days prior to the expiration date.
- J. **Copies of Policies.** Valleywise Health reserves the right to request and receive, within 10 working days of the request, certified copies of any or all of the above policies and/or endorsements referenced herein.
- K. **Primary Coverage.** Contractor's insurance shall be the primary insurance under the terms of this Contract as respects Valleywise Health for any acts of Contractor; any insurance or self-insurance program maintained by Valleywise Health shall not contribute to or be excess of Contractor's insurance obligations for its negligent acts hereunder.
- L. **Types of Coverage Required.** Contractor is required to procure and maintain the following coverages indicated by a checkmark:
  - 1. Commercial General Liability. Commercial General Liability insurance with a limit of not less than \$1,000,000 for each occurrence and with a \$3,000,000 General Aggregate Limit. The policy shall



90-23-245-RFQ



### 22.1 **BONDS** (not applicable for this RFQ)

Contractor shall provide a written commitment to furnish satisfactory annual performance and Payment bond in the amount of \$25,000.00 if selected as a Contractor for a contract. Contractors selected for contract award shall be required to obtain bonds in the amounts stated within 5 business days after notice of recommendation to award. Failure to provide the required payment and performance bonds will be grounds to retract award recommendation, if contract is awarded and Contractor fails to provide bonds anytime throughout the contract, the contract shall be terminated immediately with no penalty of any king to VALLEYWISE HEALTH. These bonds are not to be expressly limited as to the time in which action may be instituted against the surety company for possible non-performance of the contractor.

Proposers are advised that all contracts awarded as a result of this solicitation will require an



90-23-245-RFQ

annual payment and performance bond from the Contractor to maintain in the amount of either \$25,000.00.

If the Contractor is unable to maintain a \$25,000.00 available bonding capacity, he/she shall state the limit he/she can maintain in the proposal. Available bonding capacity of less than \$25,000.00 will eliminate Contractor from further of projects and the contract will be terminated without penalty of any kind to Valleywise Health.

# 23. ASSIST WITH DEFENSE IN LITIGATION

Contractor agrees to cooperate in the defense of lawsuits or other quasi-legal actions arising from work performed under this Contract or any other applicable Payer Contract. Cooperation may include, but not be limited to, participating in depositions, interpreting medical records, meeting with Valleywise Health Attorney staff, or other representatives of Valleywise Health.

## 24. USE OF VALLEYWISE HEALTH PROPERTY

- A. The Contractor shall not use Valleywise Health premises, property (including equipment, instruments and supplies), or personnel for any purpose other than the performance of the duties under this Contract.
- B. Contractor will be responsible for any damages to Valleywise Health property when such property is the responsibility of or in the custody of the Contractor, his employees or subcontractors.

### 25. SEVERABILITY

Any provision of this Contract, which is determined to be invalid, void or illegal shall in no way affect, impair or invalidate any other provision hereof, and remaining provisions shall remain in full force and effect.

# 26. NO WAIVER OF STRICT COMPLIANCE

Acceptance by Valleywise Health of performance not in strict compliance with the terms hereof shall not be deemed to waive the requirement of strict compliance for all future performance obligations.

## 27. PROHIBITION AGAINST LOBBYING

- A. Pursuant to P.L.101-121 (31 U.S.C.§1352) recipients of federal contracts, grants, loans, or cooperative agreements are prohibited from using appropriated funds to pay anyone to influence or attempt to influence Congress, or an executive agency, in connection with any federal grant, contract or loan.
- B. Contractor shall not use, directly or indirectly, any of the monies received pursuant to the terms of this Contract for purposes of lobbying, influencing, or attempting to influence, any governmental entity, public official or member of any state, county, district or local governmental entity, with regard to any grant, contract or loan.

# 28. QUALITY MANAGEMENT

Contractor shall fully cooperate with Valleywise Health to fulfill any quality management program requirements undertaken by Valleywise Health or required by the Centers for Medicare and Medicaid Services (CMS), AHCCCS/ALTCS, Arizona Department of Health Services (ADHS), and all other regulatory or accrediting bodies, including but not limited to those agencies that have been granted Deeming Authority for Accreditation Organizations by CMS, that pertain to services provided under this Contract. Contractor shall be subject to annual performance evaluations by Valleywise Health and evaluated on the following quality metrics associated



90-23-245-RFQ

with performance under the Contract: Quality (e.g. patient safety), Timeliness, Business Relations and Cost.

# 29. CERTIFICATION OF COST AND PRICING DATA

- A. The Contractor certifies that, to the best of its knowledge and belief, any cost or pricing data submitted is accurate, complete and current as of the date submitted or mutually agreed upon date. The price(s) may be adjusted to exclude any amounts by which Valleywise Health finds that the price was increased because the Contractor furnished cost or pricing data that was inaccurate, incomplete or not current as of the date of certification. The Contractor has a continuing duty to report to Valleywise Health that the price was increased because the cost or pricing data was inaccurate, incomplete or not current as off the date of certification. The certifying of cost or pricing data does not apply when federal or state law or regulations set contract rates.
- B. Where applicable, the Subcontractor's rate shall not exceed that of the Contractor's rate, as bid in the pricing sections, unless the Contractor is willing to absorb any higher rates. The Subcontractor's invoice shall be invoiced directly to the Contractor, who in turn shall pass-through the costs to Valleywise Health, without mark-up. A copy of the Subcontractor's invoice must accompany the Contractor's invoice.

## 30. USE OF CONTRACTOR'S NAME, SYMBOLS AND SERVICE MARKS

Valleywise Health may utilize Contractor's name as one of its Contractors or vendors in its marketing literature. Use of the Contractor's name for any other purpose requires Contractor's prior approval.

While each party agrees to permit the other to use that party's address, photograph, telephone number, and description of services in its regulatory documentation or for marketing purposes, neither party may use the other party's name, symbols or trademarks, nor any proprietary information without prior written approval of the other party.

# 31. NO THIRD-PARTY BENEFICIARY RIGHTS

The obligation of each party under this Contract is intended to solely benefit the other party. No other person shall be a third party beneficiary of this Contract, nor have any rights under this Contract.

### 32. TERM OF THIS CONTRACT AND RIGHT TO EXTEND

The initial term of this Contract is one (1) year and may be extended for a period not to exceed five (5) years, unless otherwise terminated or extended in accordance with the terms of this Contract.

Subject to the availability of funds and acceptable Contractor performance, Valleywise Health may extend this Contract for additional periods, not to exceed a total term of five (5) years from the Effective Date.

# 33. ADJUSTMENTS TO CONTRACT TERM AND PRICE

Requests for change in Contract terms, including price adjustments, shall be submitted by Contractor sixty (60) days prior to the contract term date. Any increase in the cost of service or price, must be mutually acceptable to Valleywise Health and the Contractor and be incorporated into this Contract by amendment only.

## 34. ASSIGNMENTS

A. Neither this Contract, nor any portion thereof, may be assigned to another party by Contractor without the written consent of Valleywise Health. Any attempt by the Contractor to assign any portion of this Contract



90-23-245-RFQ

without the written consent of Valleywise Health shall constitute a breach of this Contract and may render this Contract null and void.

- B. No assignment shall alter the Contractor's legal responsibility to Valleywise Health to assure that all of the provisions under this Contract are carried out. All terms and conditions in this Contract shall be included in all of the Contractor's assignments.
- C. Valleywise Health may, upon 90 days prior written notice, and without the consent of the other party hereto, assign this Contract.

## **35. SUBCONTRACTS**

- A. No subcontract alters the Contractor's legal responsibility to Valleywise Health to assure that all of the provisions under this Contract are carried out. All terms and conditions in this Contract shall be included in all of the Contractor's subcontracts.
- B. Contractor may enter into Subcontractor agreements with qualified vendors or with professional corporations. All such subcontracts are subject to the review and prior approval of Valleywise Health.
- C. Contractor agrees that it is liable and responsible for any act or omission by the Subcontractor, its employees, agents, officers and representatives, occurring in the course of Contractor's performance of this Contract, whether such act or omission occurs on Valleywise Health property or elsewhere. Contractor shall be liable for any loss or damage arising out of or related to Subcontractor's performance of this Contract. Contractor shall bear the above stated liability for all consequential, incidental, direct, and indirect damages, and shall be liable for all costs, including attorney's fees, incurred by Valleywise Health to enforce this provision, even in absence of its own negligence, unless Valleywise Health actions caused the loss or damage.
- D. If Contractor is a professional corporation, professional limited liability company, partnership or other association, Contractor shall obligate in writing each of its shareholders, members, partners or professional employees who may perform services under this Contract, to comply with all of the terms and conditions of this Contract.
- E. Valleywise Health may require the termination of any subcontract or Subcontractor for the reasons set forth in Paragraph #37, Termination.

## **36. AMENDMENTS**

- A. All Amendments to this Contract must be in writing and signed by both parties, except as otherwise provided in this paragraph.
- B. When Valleywise Health issues an amendment, the Contractor shall sign and return the required number of original copies of the amendment. The provisions of such amendment will be deemed to have been accepted 60 days after the date of mailing by Valleywise Health even if the amendment has not been signed by the Contractor, unless within that time the Contractor notifies Valleywise Health in writing that it refuses to sign the amendment. If the Contractor provides such notification, Valleywise Health will initiate a Dispute or Termination proceeding, as appropriate.



90-23-245-RFQ

C. Valleywise Health may, by written amendment, make changes within the general scope of this Contract. If any such amendment causes an increase or decrease in the cost of, or the time required for, performance of any part of the work under this Contract, the Contractor or Valleywise Health may assert its right to an equitable adjustment in compensation paid under this Contract. The Contractor or Valleywise Health must assert its right to such adjustment within 30 days from the date of receipt of the change notice.

# 37. TERMINATION

# A. Termination for Convenience

Either party may terminate this Contract, or any part thereof, at any time with 90 day's notice in writing to the other party. This provision does not preclude Valleywise Health from terminating the Contract sooner under other applicable provisions of this Contract.

### B. Termination by Mutual Agreement

This Contract, or any part thereof, may be terminated by mutual written agreement of the parties specifying the termination date therein.

## C. Termination for Cause

Valleywise Health may terminate this Contract for cause upon 14 calendar days written notice to the Contractor. Such cause may include, but not be limited to, the following:

- (1) Breach of this Contract which is not corrected within 14 calendar days after written notice thereof, served by certified or registered mail, return receipt requested OR email.
- (2) Professional misconduct as determined by Valleywise Health Medical Staff in accordance with the MMC's Medical Staff Bylaws or Rules and Regulations.
- (3) Continual neglect of duty or violation of Valleywise Health Policies or Valleywise Health Medical Staff Bylaws or Rules and Regulations.
- (4) Inability to discharge the duties and responsibility under this Contract for a continual period of 14 calendar days or more.

## D. Immediate Termination

- (1) Valleywise Health may terminate this Contract <u>immediately</u> when the life, health or safety of a Patient, Beneficiary, Valleywise Health employee or Valleywise Health Contracted employee is jeopardized by the activities or inactivities of Contractor.
- (2) Valleywise Health may also terminate this Contract <u>immediately</u>, with notice to the Contractor, upon the occurrence of any of the following events:
  - a. Loss, restriction or suspension of Contractor's license, certification or other authority essential to its ability to perform its obligations under this Contract,
  - b. Insolvency, dissolution or bankruptcy of the Contractor.

## E. Termination - Availability of Funds

If any action is taken by any state agency, federal department, or any other agency, payer or instrumentality to suspend, decrease, or terminate its fiscal obligations under, or in connection with, this Contract or any other applicable Payer Contract, Valleywise Health may amend, suspend, decrease, or terminate its obligations under, or in connection with, this Contract. In the event of termination, Valleywise Health shall be liable for payment only for services rendered prior to the effective date of the termination, provided



90-23-245-RFQ

that such services performed are in accordance with the provisions of this Contract or any other applicable Payer Contract. Valleywise Health shall give written notice at least 10 days in advance of the effective date of any suspension, amendment, or termination under this section.

- F. Such notice shall be given by personal delivery or by registered or certified mail OR email. The Contractor shall be entitled to receive just and equitable compensation for work in progress, work completed and materials accepted before the effective date of the termination.
- G. If this Contract is terminated on the basis of Paragraph(s) 37. A, B, or D, the provisions of Paragraph 16, Disputes, do not apply.

# 38. DEFAULT

Valleywise Health may suspend, modify or terminate this Contract in whole or in part, immediately upon written notice to Contractor in the event of a non-performance of stated objectives or any other material breach of contractual obligations; or upon the happening of any event which would jeopardize the ability of the Contractor to perform any of its contractual obligations. Valleywise Health reserves the right to have service provided by other than the Contractor if the Contractor is unable or fails to provide requested service within the specified time frame or in the contractually prescribed manner.

## 39. AVAILABILITY OF FUNDS

The provisions under this Contract or any other applicable Payer Contract relating to payment for services shall become effective when funds assigned for the purpose of compensating the Contractor as herein provided are actually available to Valleywise Health for disbursement. The CEO shall be the sole judge and authority in determining the availability of funds and Valleywise Health shall keep the Contractor fully informed as to the availability of funds.

### 40. CONTRACTOR'S CONDUCT

Contractor will not engage in any conduct, activities, business or professional arrangements that jeopardize this Contract or Contractor's performance, obligations or duties under this Contract.

## 41. RIGHT OF CANCELLATION PER A.R.S. § 38-511

Notice is given that pursuant to A.R.S. § 38-511 Valleywise Health may cancel this contract without penalty or further obligation after execution of the Contract, if any person significantly involved in initiating, negotiating, securing, drafting or creating the Contract on behalf of Valleywise Health is at any time while the Contract or any extension of the Contract is in effect, an employee or agent of any other party to the Contract in any capacity or consultant to any other party of the Contract with respect to the subject matter of the Contract.

Additionally, pursuant to A.R.S. § 38-511 Valleywise Health may recoup any fee or commission paid or due to any person significantly involved in initiating, negotiating, securing, drafting or creating the Contract on behalf of Valleywise Health from any other party to the Contract arising as the result of the Contract.



90-23-245-RFQ

# 1. ORDER OF PRECEDENCE

To the extent that the Special Provisions, if any, are in conflict with the General Provisions, the Special Provisions shall control. To the extent that the Work Statement is in conflict with the General Provisions or the Special Provisions, then the Work Statement shall control. To the extent that the Compensation Provisions are in conflict with the General Provisions, Special Provisions or Work Statement, then the Compensation Provisions shall control.

## 2. **DEFINITIONS**

As used in this Contract, the following terms shall have the meanings set forth below:

<u>Ancillary Care</u> means x-rays, laboratory, ambulance, transportation, pharmacy services, therapies, dialysis, and other medically related services.

<u>Appeal</u> means a request for a standard or expedited reconsideration of the denial of a requested service or payment of a service.

<u>Discharge Planning</u> means the identification of the need and provision for a Member's, Beneficiary's or Patient's health care needs after discharge from the hospital or skilled nursing facility.

<u>Emergency Medical Condition</u> means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- serious jeopardy to the health of the individual (or an unborn child);
- 2) serious impairment to bodily functions; or
- 3) serious dysfunction of any bodily organ or part.

<u>Emergency Medical Services</u> means services provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- 1) placing the patients' health in serious jeopardy;
- 2) serious impairment of bodily functions; or
- 3) serious dysfunction of any bodily organ or part.

<u>Service Area</u> means the geographic area where the Contractor is obligated to provide services under this Contract.

## 3. STANDARDS AND LICENSURE

- A. Contractor shall not be operating under a provisional license or have been cited for a violation involving a Beneficiary's or Patient's life, health or safety in the last two years.
- B. Contractor must be in compliance with OSHA Regulations regarding blood borne pathogens. Upon request, Contractor must prove compliance by providing its exposure control plan for review.

### 4. REFERRALS AND PROHIBITIONS AGAINST SOLICITATION

The Contractor will not advise, counsel, solicit or refer any Patient to facilities, health plans or providers, other than Valleywise Health Medical Center or other Valleywise Health designated health care providers, except in accordance with written Valleywise Health policies or procedures for services not available from or provided by Valleywise Health Medical Center or other Valleywise Health designated health care providers.



90-23-245-RFQ

- C. Contractor shall immediately notify Valleywise Health of any change in office location, telephone numbers and hours of business.
- D. Contractors, who are not subject to any state or federal regulatory or accrediting body, shall fully comply with all Valleywise Health policies, procedures, and standards.

# 5. CONTINGENCY RELATING TO OTHER CONTRACTS AND GRANTS

- A. The Contractor will, during the term of this Contract, immediately inform Valleywise Health in writing of the award of any other contract or grant, including any other contract or grant awarded by Valleywise Health where the award of such contract or grant may affect, directly or indirectly, costs being paid/reimbursed under this Contract. Contractor will provide a copy of such contracts or grants awards upon request.
- B. If Valleywise Health determines that the award to the Contract given has affected the payments due or reimbursements made under this Contract, then Valleywise Health shall prepare a Contract Amendment reflecting an adjustment. If the Contractor protests the proposed adjustment, the protest shall be construed as a dispute within the meaning of the "Disputes" clause contained herein.

## 6. IMMUNIZATION REQUIREMENTS

- A. At the time the Contractor initially reports to work at any Valleywise Health facility, that person shall present to Valleywise Health designee evidence as follows:
  - 1) Proof of immunity or immunization in compliance with current Valleywise Health immunization requirements or a signed declination statement.
  - 2) Respiratory Fit testing within the past 12 months if use of N-95 Respirator is required.
  - 3) Proof of annual TB screening as required by Arizona Administrative Code Title 9, Chapter 10, R9-10-113.
  - 4) Be compliant with Valleywise Health Covid-19 mandates
    All employees or subcontractors of the Contractor who fail to provide such evidence will not be permitted to work.
- B. Valleywise Health will provide, if the Contractor elects, the option to use the Valleywise Health Occupational Health Services Department to receive immunizations or laboratory services necessary to satisfy Valleywise Health requirements at the then current posted Valleywise Health fee schedule. Rates are subject to change annually and are established by Valleywise Health on the First of July each year and will be provided to the Contractor upon request.

### 6.1 ADDITIONAL EMPLOYEES' REQUIREMENTS

Contractor employees must:

- pass Valleywise Health required background check and pre-employment screening (Valleywise Health will provide detail of requirements)
- Perform initial and thereafter monthly OIG/EPLS checks on all personnel assigned to Valleywise Health for exclusions from federal programs



90-23-245-RFQ

- meet the specific qualification as required by the position
- follow employee rules, dress code as stated in Valleywise Health employee policies and specific department policies
- not smoke on Valleywise Health premises as Valleywise Health is a tobacco free campus
- Wear face masks as directed by Valleywise Health

# 7. VENDOR REGISTRATION

All vendors are required to register in the Valleywise Health Vendor Portal, create a company profile, and supply company-level data for authentication and credentialing by the Valleywise Health third party partner, Vendormate. Vendor registration allows Valleywise Health to access your company's data to process payments in a timely manner, ensure compliance with internal controls and regulatory requirements, and review accurate and complete vendor information to maintain ongoing relationships. During the term of the agreement, Contractor agrees to register in the Valleywise Health Vendor Portal at <a href="https://mihs.vendormate.com">https://mihs.vendormate.com</a> and is responsible for the annual registration fee payable to Vendormate. Fees may vary based on your companies risk profile. Failure to register and maintain a current registration will prevent issuance of payment for any product or service rendered. Representatives of Contractor that require onsite access to the Valleywise Health facilities may be required to fulfill additional requirements and pay additional fees for more extensive authentication and credentialing.

## 8. INCORPORATION BY REFERENCE

All methods, procedures, techniques, etc. to be employed by the Contractor in performance of this Contract shall be as set forth in the quotation submitted, as modified by agreement of the parties. The Contractor's quotation, as modified, is incorporated by reference as set forth in Attachment A – Contractor RFQ Response. The Maricopa County Special Healthcare District dba Valleywise Health Procurement Code is hereby incorporated by Reference along with all State of Arizona Revised Statutes as they apply to work provided under any resultant contract.

Nothing prohibits the addition of supplemental services, not identified in this Contract and deemed necessary by Valleywise Health and agreed to by the Offeror.

### 9. COMPENSATION

- A. Subject to the availability of funds, Valleywise Health will, within 45 days from the date of receipt of an acceptable invoice, process and remit to the Offeror, a warrant for payment. Should Valleywise Health make disallowance in the invoice, the invoice shall be processed for the reduced amount. Contractor shall be notified in writing of the amount and reasons for any disallowances and shall be afforded the opportunity to document the appropriateness of the disallowed costs and to resubmit an invoice for payment. Contractor will direct all invoice inquiries to the Accounts Payable Department at (602) 344-8405. If the Contractor does not understand or disputes the findings of the Accounts Payable Department, or if the Contractor does not believe that there has been a fair resolution of the issue, they may initiate the Disputes process in accordance with the Disputes clause of this Contract.
- B. The Contractor understands and agrees that Valleywise Health will not honor any invoice submitted beyond the allowable time frame. Initial invoices for payment must be submitted within six months after date of



90-23-245-RFQ

service. Invoices must be resubmitted no more than 60 days after the date of service. Contractor understands and agrees that Valleywise Health will not process any invoice for payment for services rendered prior to the Contract expiration date, which are submitted 60 days after the Contract expiration date without approval of the Chief Financial Officer.

40	BAETLIOD	OF DAYAGEST	
10.	METHOD	OF PAYMENT	

A.	Contractor will provide separate invoices and mail to:
	Valleywise Health

Attention: Accounts Payable Department ap@ ValleywiseHealth.org

- B. Invoices must consist of the following information:
  - Contractor's name
  - Contract Number
  - Purchase Order Number
  - Federal Tax ID number
  - Date(s) of service
  - Itemized Charge
  - Total charge
  - Itemized listing of services

reduce of thining to decep	t credit card paymer	
∕es □	No	
Comments:		

The Valleywise Health preferred method of payment is the Commercial Credit Card Program with Commerce Bank. Payments via credit card with Commerce Bank would result in quicker turnaround time for payments,



# ATTACHMENT A: PRICING 90-23-245-RFQ

# **CERTIFIED TRAUMA INFORMED YOGA**

Item		Description			Cost Per Class
1.	Year 1:	30 Classes per month to be held at three (3) Valleywise Health Behavioral Health Facilities. (Provide the price per class).	EA	1	\$
	Year 1:	Weekend Class	EA	1	\$
	Year 1:	Holiday Class	EA	1	\$
2.	Year 2:	30 Classes per month to be held at three (3) Valleywise Health Behavioral Health Facilities. (Provide the price per class).	EA	1	\$
	Year 2:	Weekend Class	EA	1	\$
	Year 2:	Holiday Class	EA	1	\$
3.	Year 3:	30 Classes per month to be held at three (3) Valleywise Health Behavioral Health Facilities. (Provide the price per class).	EA	1	\$
	Year 3:	Weekend Class	EA	1	\$
	Year 3:	Holiday Class	EA	1	\$
4.	Year 4:	30 Classes per month to be held at three (3) Valleywise Health Behavioral Health Facilities. (Provide the price per class).	EA	1	\$
	Year 4:	Weekend Class	EA	1	\$
	Year 4:	Holiday Class	EA	1	\$
5.	Year 5:	30 Classes per month to be held at three (3) Valleywise Health Behavioral Health Facilities. (Provide the price per class).	EA	1	\$
	Year 5:	Weekend Class	EA	1	\$
	Year 5:	Holiday Class	EA	1	\$
		icipated 30 Classes per month will be required (total numb Centers), that volume could increase or decrease-there is r	•		•
Printe	ed Name (	of Authorized Individual Name of Sub	mitting Organizat	ion	
Signa	ture of Au	uthorized Individual	Date		



# ATTACHMENT B: REFERENCES CERTIFIED TRAUMA INFORMED YOGA

90-23-245-RFQ

Proposer will provide a customer reference list of no less than three (3) organizations with which Proposer currently has contracts and/or to which Proposer has previously provided services (within the past five (5) years) of a type and scope similar to those required by Valleywise Health. Proposer will include in its customer reference list the customer's company name, contact person, telephone number, project description, length of business relationship, and background of services provided by Proposer. Proposer shall not include Valleywise Health as a reference.

1.	Company:			
	Contact:			
	Address:			
	Email:			
	Type of Work:			
2.	Company:			
	Contact:			
	Address:			
	_			
	Email:			
	Type of Work:			
3.	Company:			
	Contact:			
	Address:			
	_			
	Email:			
	Type of Work:			
	_			



# ATTACHMENT C: EXCEPTION TO RFQ REQUIREMENTS AND/OR CONTRACT PROVISIONS CERTIFIED TRAUMA INFORMED YOGA

90-23-245-RFQ

	indicate below any exceptions they have taken to the Terms, Conditions or Specifications: eptions.		
Vendor takes the following Exceptions: ince the District is subject to Arizona's Public Records Act, Title 39 Chapter 1 of the Arizona Revised Statutes, Proposer is advised nat any documents it provides to the District in response to a solicitation will be available to the public if a proper Public Records equest is made, except that the District is not required to disclose or make available any record or other matter that reveals reprietary information provided to the District by a Proposer that is from a non-governmental source. See ARS 48-541.01(M)(4)(b).			
PROPRIETARY A JUSTIFICATION F NOTE: The Prop the Proposer's r	HE PROCUREMENT CODE, ANY SPECIFIC DOCUMENTS OR INFORMATION THAT THE PROPOSER DEEMS TO BE AND/OR CONFIDENTIAL MUST BE CLEARLY IDENTIFIED AS SUCH IN THE QUOTATION ALONG WITH OR ITS PROPRIETARY AND/OR CONFIDENTIAL STATUS. 1 oser may not claim that the entire Proposal or the entire submission is proprietary and/or confidential. It is responsibility to clearly identify each document and each piece of information in their submission that is for confidential. The final determination of nondisclosure, however, rests with the Procurement Officer. 2		
the District will understands and	be aware that if a Court determines that the Proposer's information is not proprietary and/or confidential, be required to disclose such information pursuant to a public records request. In such cases, Proposer agrees that the District shall comply with the Court's determination and Proposer shall not hold District liable mages or claims whatsoever related to releasing the information.		
and/or confident its proprietary ar	otice that will be given to the Proposer regarding the Proposer's responsibility to clearly identify its proprietary cial information. If a public records request is submitted to the District and the Proposer did not clearly identify ad/or confidential information at the time their Proposal is submitted, the District will not provide Proposer with notice or opportunity to identify proprietary and/or confidential documents or information.		
Please sign and in and that I have:	nclude this statement with your proposal. I hereby certify that I acknowledge acceptance of the terms above		
	Determined that no documents or information contained within this proposal are proprietary and/or confidential in nature.		
	Clearly identified specific documents or information that are deemed to be proprietary and/or confidential and have justified the reason for the proprietary status of any identified documents or information contained herein.		
Printed Name o	f Authorized Individual Name of Submitting Organization		
Signature of Aut	Date thorized Individual		
CONFIDENTIAL OR <u>Pf</u>	Y SPECIAL HEALTH CARE DISTRICT (MCSHCD) PROCUREMENT CODE, ARTICLE 1, GENERAL PROVISIONS, PARAGRAPH HS-104, ROPRIETARY INFORMATION.  Y SPECIAL HEALTH CARE DISTRICT (MCSHCD) PROCUREMENT CODE, ARTICLE 1, GENERAL PROVISIONS, PARAGRAPH HS-104(C).		



# ATTACHMENT D: MINORITY /WOMEN/SMALL/DISADVANTAGED BUSINESS CERTIFIED TRAUMA INFORMED YOGA

90-23-245-RFQ

=====		======	
	ITY BUSINESS/WOMEN BUSINESS/SMAI appropriate item):	L BUSINE	ESS/DISADVANTAGED BUSINESS
	Minority Business Enterprise (MBE) Small Business Enterprise (SBE)		Women Business Enterprise (WBE) Disadvantaged Business Enterprise (DBE)
Printe	d Name of Authorized Individual		Name of Submitting Organization
Signature of Authorized Individual			Date



# ATTACHMENT E: PROPRIETARY AND/OR CONFIDENTIAL INFORMATION CERTIFIED TRAUMA INFORMED YOGA

90-23-245-RFQ

Since the District is subject to Arizona's Public Records Act, Title 39 Chapter 1 of the Arizona Revised Statutes, Proposer is advised that any documents it provides to the District in response to a solicitation will be available to the public if a proper Public Records Request is made, <u>except</u> that the District is not required to disclose or make available any record or other matter that reveals proprietary information provided to the District by a Proposer that is from a non-governmental source. See ARS 48-5541.01(M)(4)(b).

PURSUANT TO THE PROCUREMENT CODE, ANY SPECIFIC DOCUMENTS OR INFORMATION THAT THE PROPOSER DEEMS TO BE PROPRIETARY AND/OR CONFIDENTIAL MUST BE CLEARLY IDENTIFIED AS SUCH IN THE PROPOSAL ALONG WITH JUSTIFICATION FOR ITS PROPRIETARY AND/OR CONFIDENTIAL STATUS.<sup>3</sup>

NOTE: The Proposer may not claim that the entire Proposal or the entire submission is proprietary and/or confidential. It is the Proposer's responsibility to clearly identify each document and each piece of information in their submission that is proprietary and/or confidential. The final determination of nondisclosure, however, rests with the Procurement Officer.<sup>4</sup>

Proposer should be aware that if a Court determines that the Proposer's information is not proprietary and/or confidential, the District will be required to disclose such information pursuant to a public records request. In such cases, Proposer understands and agrees that the District shall comply with the Court's determination and Proposer shall not hold District liable for any costs, damages or claims whatsoever related to releasing the information.

This is the *only notice* that will be given to the Proposer regarding the Proposer's responsibility to clearly identify its proprietary and/or confidential information. If a public records request is submitted to the District and the Proposer did not clearly identify its proprietary and/or confidential information at the time their Proposal is submitted, the District will not provide Proposer with any subsequent notice or opportunity to identify proprietary and/or confidential documents or information.

Please sign and include this statement with your proposal. I hereby certify that I acknowledge acceptance of the terms above and that I have:

	Determined that no documents or information contained within this proposal are proprietary and/or confidential in nature.		
	·	nformation that are deemed to be proprietary and/or n for the proprietary status of any identified documents or	
Printed Name	of Authorized Individual	Name of Submitting Organization	
Signature of A	uthorized Individual	Date	
3 MARICOPA COUN	 NTY SPECIAL HEALTH CARE DISTRICT (MCSHCD) PROCUREM	ENT CODE, ARTICLE 1, GENERAL PROVISIONS, PARAGRAPH HS-104,	

4 MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT (MCSHCD) PROCUREMENT CODE, ARTICLE 1, GENERAL PROVISIONS, PARAGRAPH HS-104(C).

CONFIDENTIAL OR PROPRIETARY INFORMATION.



Title:

Date:

## ATTACHMENT F: CONTRACTOR EMPLOYMENT RECORD VERIFICATION REQUIREMENT 90-23-245-RFQ

Maricopa County Special Health Care District, dba, Valleywise Health
Contractor Employment Record Verification Form and Employee Verification Worksheet

Complete and return within 30 days of receipt or as specified in cover letter to:

## Valleywise Health Contract Management 2601 E. Roosevelt St., 1st FL, Education Pavilion Phoenix, AZ 85008

A.R.S. § 41-4401 requires as a condition of your contract verification of compliance by the contractor and subcontractors with the Federal Immigration and Nationality Act (FINA), all other Federal immigration laws and regulations, and A.R.S. § 23-214 related to the immigration status of its employees.

By completing and signing this form and attached Employee Verification Worksheet the Contractor shall attest that it and all subcontractors performing work under the cited Valleywise Health contract meet all conditions contained herein. Failure to complete and submit this form and attached worksheet on or before the request date to the above cited address and/or the falsification of any information provided herein shall be considered a material breach of the contract.

Contract	Number:			
Name (as	s listed in the contract):			
Address:	-			
City:	State:		Zip:	
I hereby at	test that:			
1.	The contractor complies with the Fed and regulations, and A.R.S. § 23-214 r contract.			
2.	All subcontractors performing work u (FINA), all other Federal immigration their employees; and			•
3.	The contractor has identified all contractor has identified all contractor work (FINA), all other Federal immigration	sheet and has verified co	mpliance with Federal Immigration	
Signature	of Contractor (Employer) or Authorized [	Designee:		
Signature				
Printed Na	me:			

#### **CERTIFIED TRAUMA INFORMED YOGA**

Contractor shall identify all contractor and subcontractor employees performing work under this contract and shall verify and certify that all employees working under this contract are in compliance with the Federal immigration and Nationality Act (FINA), all other Federal immigration laws and regulations, and A.R.S. § 23-214.

Contractor Name:						
Authorized Signature	Date					
(Please copy and complete as necessary)						
Employee Name – Please Print	Employee Name – Please Print					



Maricopa County Special Health Care District d.b.a.

Valleywise Health

2601 East Roosevelt Street, 1<sup>st</sup> Floor Education Pavilion

Phoenix, AZ 85008-6092

602.344.1497

602.344.1813 (Fax)

#### **BUSINESS ASSOCIATE AGREEMENT**

This	Agreement	sets	out	the	responsibilities	and	obligations	0
					("Business As	sociate" or	"Associate") as a bu	usiness
associat	e of the Maricopa (	County Speci	al Health Ca	re District,	d.b.a. Valleywise Healt	h, a covered	d entity, under the	Health
	•	•	•	•	alth Information Techno tter between Associate a	· ·		Health
•	•		-		ociate Protected Health se only in accordance v		, ,	

conjunction with Services, which Associate will use or disclose only in accordance with this Agreement. Associate and Valleywise Health agree to the terms and conditions of this Agreement in order to comply with the use and handling of PHI under the HIPAA Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. Part 160 and Part 164, Subpart E ("Privacy Standards") and the HIPAA Security Standards, 45 C.F.R. Part 160 and Part 164, Subpart C ("Security Standards"), both as amended from time to time. Unless otherwise provided, all capitalized terms in this Agreement will have the same meaning as provided under the Privacy Standards and Security Standards. Associate and Valleywise Health will comply with the terms of this Agreement for the duration of the Contract or Engagement Letter and for such other continuing periods as provided in this Agreement. Upon the compliance date of any final regulation or amendment to final regulation promulgated by the Secretary of Health and Human Services that affects Associate's use or disclosure of PHI, the parties agree to take such reasonable action as is necessary to amend this Agreement in order for Valleywise Health to comply with such final regulation or amendment to final regulation.

#### Definitions for terms in this Agreement:

- 1. Business Associate or Associate means an entity that creates, receives, maintains or transmits PHI for a function or activity on behalf of a Covered Entity, regulated by Subchapter C of Title 45 of the Code of Federal Regulations. In addition, an Associate can be an entity that provides data transmission services to a Covered Entity, is more than a mere conduit of information, and allows a Covered Entity to access the maintained information in a manner beyond a random or infrequent basis. The terms "Business Associate", "Associate" and "Contractor" are synonymous. Notwithstanding this definition, if Contractor does not have access to or create Protected Health Information under this Contract, Contractor is not an Associate, and the terms of this Agreement do not apply to Contractor.
- 2. Contractors of Business Associate means a person or an entity to whom an Associate delegates a function, activity, or service that the Associate has agreed to perform for a Covered Entity. A contractor of an Associate which creates, receives, maintains, or transmits personal health information on behalf of the business associate is itself a Business Associate and therefore will comply with the terms of this Agreement. For purposes of this Agreement the term "Contractor" includes the Contractor, its employees, its subcontractors and its agents.
- 3. **Protected Health Information** ("PHI") means the health information that is created or received by a Covered Entity; and relates to the physical condition, mental health or other health condition of an Individual, or to the provision of health

- care to the Individual (including but not limited to the payment for such health care); and identifies or can be used to identify the Individual as defined in 45 C.F.R. § 160.103.
- 4. **Individual** shall have the meaning set forth in 45 CFR §160.103, including a person who is the subject of the Protected Health Information, and shall include an individual or entity who qualifies as a personal, legal representative of the person, as the context requires.
- 5. **Privacy Rule** shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, Subparts A and E, as may be amended, modified or superseded, from time to time.
- 6. **Security Rule** shall mean the Standards for Security of Individually Identifiable Electronic Health Information at 45 CFR Parts 160 and 164, Subparts A, C and E, as may be amended, modified or superseded, from time to time.
- 7. **Breach** shall mean the acquisition, access, use or disclosure of Protected Health Information in a manner not permitted by the HIPAA Privacy Rule, that compromises the security or privacy of the Protected Health Information as defined, and subject to the exception given to such term in 45 C.F.R. § 164.402.
- 8. **Breach Notification Rule** shall mean the interim final rule related to breach notification for unsecured protected health information at 45 C.F.R. Parts 160 and 164.
- 9. **Covered Entity** shall have the meaning given to such term in 45 C.F.R. § 160.103.
- 10. Designated Record Set shall have the meaning given to such term under the Privacy Rule at 45 C.F.R. § 164.501.
- 11. **Security Incident** shall have the meaning given to such phrase under the Security Rule at 45 C.F.R. § 164.304.
- 12. **Unsecured PHI** shall have the meaning given to such phrase under the Breach Notification Rule at 45 C.F.R. § 164.402.
- 13. **Electronic Protected Health Information** or **ePHI** shall have the same meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. § 160.103.
- 14. Electronic Media shall have the same meaning given to such term in 45 C.F.R. § 160.103.
- 15. Health Information Technology for Economic and Clinical Health (HITECH) Act, as codified at 42 U.S.C. §§ 17921-17954.
- 16. Secretary shall mean the Secretary of the Department of Health and Human Services or his or her designee.

#### It is agreed by and between the parties that:

- 1. **Uses and Disclosures of Protected Health Information.** Associate will use and disclose PHI only for those purposes necessary to perform its duties, obligations and functions under the Contract, or as otherwise expressly permitted in this Agreement or as required by other law.
  - a. Associate will not use or further disclose any PHI in violation of this Agreement.
  - b. Associate may use PHI to perform data aggregation services as permitted by 45 C.F. R. § 164.504(e) (2) (i) (B).
  - c. Associate agrees that anytime it provides PHI received from Valleywise Health to a Contractor, its employees, subcontractor, or agent to perform Services for Valleywise Health, Associate first will enter into a contract with such Contractor, employees, subcontractor or agent that contains the same terms, conditions, and restrictions on the use and disclosure of PHI as contained in this Agreement.
  - d. If Associate maintains a Designated Record Set, Valleywise Health will provide Associate with copies of applicable policies and procedures, which the Associate will comply with as related to an individual's right to access PHI; request an amendment to PHI; request confidential communications of PHI; or request an accounting of disclosures of PHI.

- 2. **Associate Use or Disclosure of Protected Health Information for its Own Purposes.** Associate may use or disclose PHI received from Valleywise Health for Associate's management and administration, or to carry out Associate's legal and contractual responsibilities. Associate may disclose PHI received from Valleywise Health to a third party for such purposes only if:
  - a. The disclosure is required by law; or
  - b. Associate secures written assurance from the receiving party that the receiving party will: (i) hold the PHI confidentially; (ii) use or disclose the PHI only as required by law or for the purposes for which it was disclosed to the recipient; and (iii) notify the Associate of any breaches in the confidentiality of the PHI.
  - c. Associate may use and disclose de-identified health information, if (i) the use is disclosed to Valleywise Health and permitted by Valleywise Health in its sole discretion, (ii) that the de-identification is in compliance with 45 C.F.R. § 164.502(d), and (iii) the de-identified health information meets the standard and implementation specifications for de-identification under 45 C.F.R. § 164.514(a) and (b).
  - d. Associate shall use and disclose PHI only to the extent reasonably necessary to accomplish the intended purpose of such PHI.
- 3. **Safeguards.** Associate will implement and maintain appropriate safeguards to prevent any use or disclosure of PHI not otherwise permitted in this Agreement.
  - a. Associate also will implement administrative, physical and technical safeguards to protect the confidentiality, integrity, and availability of any electronic protected health information ("e-PHI"), if any, that Associate creates, receives, maintains, and transmits on behalf of Valleywise Health.
  - b. Upon request of Valleywise Health, Associate will provide evidence to Valleywise Health that these safeguards are in place and are properly managed.
- 4. Reports of Improper Use or Disclosure of Secure or Unsecure Protected Health Information and of Security Incidents and Breaches. Associate will report in writing to Valleywise Health any use or disclosure of PHI, including any breach, not permitted by the contract between Associate and Valleywise Health within five (5) days of Associate's learning of such use, disclosure or breach or within five (5) days following the exercise of reasonable diligence would have known of the improper use, disclosure, or breach.
- 5. **Mitigation of potential harmful effects**. Associate shall mitigate all potential harmful effects of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement. Immediately following the Associate's discovery of a Breach (or upon the Associate's reasonable belief that a Breach has occurred), Associate shall provide Valleywise Health with sufficient information to permit Valleywise Health to comply with the Breach notification requirements set forth at 45 C.F.R. §164.400 et seq.
  - a. Specifically, if the following information is known to (or can be reasonably obtained by) the Associate, Associate will provide to Valleywise Health all available information that Valleywise Health is required to include in its notification to the individual pursuant to the Breach Notification Rule, including but not limited to:
    - i. contact information for individuals who were or who may have been impacted by the Breach (e.g., first and last name, mailing address, street address, phone number, email address);
    - ii. a brief description of the circumstances of the Breach, including the date of the Breach, the date of discovery of the Breach, and the identity of who accessed and received the Unsecured PHI;
    - iii. a description of the types of unsecured PHI involved in the Breach (e.g., names, social security number, date of birth, address(s), account numbers of any type, disability codes, diagnostic and/or billing codes and similar information);

- iv. a brief description of what the Associate has done or is doing to investigate the Breach, mitigate harm to the individual impacted by the Breach, and protect against future Breaches; and
- v. contact information for a liaison appointed by the Associate with whom Valleywise Health may ask questions and learn additional information concerning the Breach.
- b. Following a Breach, Associate will have a continuing duty to inform Valleywise Health of new information learned by Associate regarding the Breach, including but not limited to the information described in items (1) through (5), above.
- c. Associate also will report in writing to Valleywise Health any Security Incident (successful or unsuccessful) of which Associate becomes aware within five (5) business days of Associate learning of such use or disclosure.

Specifically, Associate will report to Valleywise Health any unauthorized access, use, disclosure, modification, or destruction of e-PHI or interference with system operations in an information system containing e-PHI of which Associate becomes aware, provided that:

- such reports will be provided only as frequently as the parties mutually agree, but no more than once per month; and
- ii. if the definition of "Security Incident" under the Security Standards is amended to remove the requirement for reporting "unsuccessful" attempts to use, disclose, modify or destroy e-PHI, the portion of this Section 5 addressing the reporting of unsuccessful, unauthorized attempts will no longer apply as of the effective date of such amendment.
- 6. **Obligations Regarding Associate Personnel**. Associate will appropriately inform all of its employees, agents, representatives, members of its workforce, and Contractors, its employees, subcontractors, or agents of Associate ("Associate Personnel"), whose services may be used to satisfy Associate's obligations under the Contract and this Agreement of the terms of this Agreement. Associate represents and warrants that the Associate Personnel are under legal obligation to Associate, by contract or otherwise, sufficient to enable Associate to fully comply with the provisions of this Agreement. Associate will maintain a system of sanction for any Associate Personnel who violates this Agreement.

#### 7. Access to Protected Health Information.

- a. **Valleywise Health Access**. Within five (5) business days of a request by Valleywise Health for access to PHI received from Valleywise Health, Associate will make requested PHI available to Valleywise Health.
- b. **Patient Access**. If a Patient requests access to PHI directly from Associate, Associate will within five (5) business days forward such request in writing to Valleywise Health. Valleywise Health will be responsible for making all determinations regarding the grant or denial of a Patient's request for PHI and Associate will make no such determinations. Only Valleywise Health will release PHI to the Patient pursuant to such a request.

#### 8. Amendment of Protected Health Information.

- a. Valleywise Health Request. Within five (5) business days of receiving a request from Valleywise Health to amend an individual's PHI received from Valleywise Health, Associate will provide such information to Valleywise Health for amendment. Alternatively, if Valleywise Health request includes specific information to be included in the PHI as an amendment, Associate will incorporate such amendment within five (5) business days of receipt of the Valleywise Health request.
- b. **Individual Request.** If an individual makes a request for amendment directly to Associate, Associate will forward within five business days such request in writing to Valleywise Health. Valleywise Health will be responsible for making all determinations regarding amendments to PHI and Associate will make no such determinations.

- 9. Accounting of Disclosures; Requests for Disclosure.
  - a. **Disclosure Records.** Associate will keep a record of any disclosure of PHI received from Valleywise Health that Associate makes to its employees, subcontractors, and agents, or other third parties other than:
    - (1) Disclosures to health care providers to assist in the treatment of patients;
    - (2) Disclosures to others to assist Valleywise Health in paying claims;
    - (3) Disclosures to others to assist Valleywise Health in conducting its health care operations, as defined in 45 C.F.R. § 164.501; or
    - (4) Disclosures made pursuant to an individual's Authorization.

Associate will maintain this disclosure record for six (6) years from the termination of this Agreement.

Associate also agrees to maintain necessary and sufficient documentation of Disclosures of Protected Health Information as would be required for Valleywise Health to respond to a request by an individual for an accounting of Disclosures, in accordance with 45 CFR 164.528.

- b. **Data Regarding Disclosures.** For each disclosure for which it is required to keep a record under paragraph 8(a), Associate will record and maintain the following information:
  - (1) The date of disclosure;
  - (2) The name of the entity or person who received the PHI, and, the address of such entity or person, if known.
  - (3) A description of the PHI disclosed; and
  - (4) A brief statement of the purpose of the disclosure.
- c. **Provision to Valleywise Health.** Associate will provide to Valleywise Health its record of disclosures under paragraph 8(a), if any, within thirty days of each disclosure. Within five business days of receiving a notice from Valleywise Health of an individual's request for an accounting, associate also will provide to Valleywise Health its disclosure record.
- d. **Patient Request to Associate.** If a Patient requests and accounting of disclosures directly from Associate, Associate will forward the request to Valleywise Health within five (5) business days of Associate's receipt of the request and will make its records of disclosures available to Valleywise Health as otherwise provided in this Section. Valleywise Health will be responsible to prepare and for delivery of the records of disclosure to the Patient. Associate will not provide an accounting of its disclosure directly to the Individual.
- 10. **Notice of Privacy Practices.** Valleywise Health shall provide Associate a copy of its Notice of Privacy Practices ("Notice") in accordance with 45 C.F.R. § 164.520 as well as any changes to the Notice. If the Valleywise Health Notice specifically affects Associate's use or disclosure of PHI, Valleywise Health shall inform Associate of the specific limitations. Associate shall abide by the limitations of the Valleywise Health Notice that affects its use or disclosure of PHI of which it has been specifically informed. Any use or disclosure permitted by this Agreement may be amended by changes to the Valleywise Health Notice if Valleywise Health specifically informs Associate of the amendment: provided, however, that the amended Notice shall not affect permitted uses and disclosures on which Associate relied prior to receiving notice of such amended Notice.

#### 11. Access to Books and Records.

a. Valleywise Health Access. Associate will, within five (5) business days of Valleywise Health written request, make available during normal business hours at Associate's offices, all records, books, agreements, policies and

- procedures relating to the use or disclosure of PHI received from Valleywise Health for the purpose of allowing Valleywise Health or its agents or auditors to determine Associate's compliance with this Agreement.
- b. **Government Access.** Associate will make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by Associate on behalf of, Valleywise Health available to the Secretary of the Department of Health and Human Services to the extent required for determining compliance with the Privacy Standards. Notwithstanding this provision, no attorney-client, accountant-client or other legal privilege will be deemed waived by Associate or Valleywise Health as a result of this Section.
- 12. **Termination.** Valleywise Health may immediately terminate the Contract, if any and this Agreement upon written notice to Associate if Valleywise Health determines that the Associate or subcontractor(s) or agent(s) of Associate has breached a material term of this Agreement. Alternatively, Valleywise Health may elect to provide Associate with written notice of Associate's or subcontractor(s)' or agent(s)' of Associate breach of any term or condition of this Agreement and afford Associate the opportunity to cure the breach to the satisfaction of Valleywise Health within thirty (30) days of the date of such notice. If Associate fails to timely cure the breach, as determined by Valleywise Health at its sole discretion, Valleywise Health may terminate the Contract and this Agreement.

#### 13. Return or Destruction of Protect Health Information.

- a. **Return of PHI; Destruction**. Within thirty (30) days of termination of the Contract or this Agreement, Associate will return to Valleywise Health all PHI received from Valleywise Health or created or received by Associate on behalf of Valleywise Health that Associate maintains in any form or format. Associate will not maintain or keep in any form or format any portion of such PHI. Alternatively, Associate may, upon Valleywise Health written consent, destroy all such PHI and provide written documentation of such destruction. The requirement to return or destroy such PHI will apply to all agents or subcontractors of Associate. Associate will be responsible for recovering any PHI from such agents or subcontractors. If Associate cannot obtain the PHI from any agent or subcontractor, Associate will so notify Valleywise Health and will require that such agents or subcontractors directly return PHI to Valleywise Health or otherwise destroy such PHI, subject to the terms of this Section.
- b. Alternative Measures. If Associate believes that returning or destroying PHI at the termination of the Contract or this Agreement is infeasible, it will provide written notice to Valleywise Health within five (5) business days of the effective date of termination of this Agreement. Such notice will set forth the circumstances that Associate believes makes the return or destruction of PHI infeasible and the alternative measures that Associate recommends for assuring the continued confidentiality and security of the PHI. Valleywise Health promptly will notify Associate of whether it agrees that the return or destruction of PHI is infeasible. If Valleywise Health agrees that return or destruction of PHI is infeasible, Associate agrees to extend all protections, limitations and restrictions of this Agreement to Associate's use or disclosure of PHI retained after termination of this Agreement and to limit further uses or disclosures to those purposes that make the return or destruction of the PHI infeasible. Any such extended protections, limitations and restrictions will apply to any agents or subcontractors of Associate for whom return, or destruction of PHI is determined by Valleywise Health to be infeasible. If Valleywise Health does not agree that the return or destruction of PHI from Associate or its agents or subcontractors is infeasible, Valleywise Health will provide Associate with written notice of its decision, and Associate, its agents and subcontractors will proceed with the return or destruction of the PHI pursuant to the terms of this Section within fifteen (15) days of the date of Valleywise Health notice.
- 14. **Restrictions on Use or Disclosure of Protected Health Information.** If Valleywise Health advises Associate of any changes in, or restrictions to, the permitted use or disclosure of PHI received from Valleywise Health, Associate will restrict the use or disclosure of such PHI consistent with the Valleywise Health instructions.

- 15. **Mitigation Procedures**. Associate agrees to have procedures in place for mitigating, to the maximum extent practicable, any deleterious effect from the use or disclosure of PHI received from Valleywise Health in a manner contrary to this Agreement or the Privacy Standards.
- 16. **Compliance with the HITECH Act**. Associate will comply with the requirements of Title XII, Subtitle D of the Health Information Technology for Economic and Clinical Health (HITECH) Act, codified at 42 U.S.C. §§ 17921-17954, which are applicable to Associates, and will comply with all regulations issued by the Department of Health and Human Services (HHS) to implement these referenced statutes, as of the date by which Associates are required to comply with such referenced statutes and HHS regulations.
  - a. Associate will also comply with Section 13402 of the HITECH Act, codified at 42 U.S.C. § 17932, and with all regulations issued by HHS to implement this statute, as of the date by which Associates are required to comply with such referenced statutes and HHS regulations. Associate will make a report to the Valleywise Health of any breach of unsecured protected health information, as required by 42 U.S.C. § 17932(b), within five (5) business days of Associate's discovery of the breach. Associate will indemnify Valleywise Health for any reasonable expenses Valleywise Health incurs in notifying individuals of a breach caused by Associate or its subcontractors or agents.

#### 17. Miscellaneous.

- a. **Compliance with Laws.** The Parties acknowledge that state and federal laws relating to electronic data security and privacy are rapidly evolving and that amendment of this Agreement may be required to ensure compliance with such developments. Should such developments occur, and upon either Party's good faith request, the other Party agrees to enter good faith negotiations concerning the terms of an amendment to this Agreement.
- b. **Construction of Terms.** The terms of this Agreement will be construed in light of any applicable interpretation or guidance on the Privacy Standards and Security Standards issued by the Department of Health and Human Services and other applicable state or federal laws, rules and regulations as amended from time to time.
- c. **No Third Party Beneficiaries**. Nothing in this Agreement will confer upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities, whatsoever.
- d. Assignment of Rights and Delegation of Duties. This Agreement is binding upon and inures to the benefit of the Parties hereto and their respective successors and permitted assigns. However, neither Party may assign any of its rights or delegate any of its obligations under this Agreement without prior written consent of the other Party, which consent shall not be unreasonable withheld or delayed. Notwithstanding any provisions to the contrary, however, Valleywise Health retains the right to assign or delegate any of its rights and obligations hereunder to any of its wholly owned subsidiaries, affiliates or successor companies. Assignments made in violation of this provision are null and void.
- e. **No Waiver**. Failure or delay on the part of either Party to exercise any right, power, privilege or remedy hereunder shall not constitute a waiver thereof. No provision of this Agreement may be waiver by either Party except by a writing signed by an authorized representative of the Party making the waiver.
- f. **Severability.** The provisions of this Agreement shall be severable, and if any provision of this Agreement shall be held or declared to be illegal, invalid or unenforceable, the remainder of this Agreement shall continue in full force and effect as though such illegal, invalid or unenforceable provision had not been contained herein.
- g. **Entire Agreement.** This Agreement constitutes the entire agreement between the parties with regard to the Privacy Standards and Security Standards, there are no understandings or agreements relating to this Agreement that are not fully expressed in this Agreement and no change, waiver or discharge of obligations arising under this

Agreement will be valid unless in writing and executed by the party against whom such change, waiver or discharge is sought to be enforced.

- h. **Written Agreement.** This Agreement is considered as an integral part of the underlying Contract and is incorporated as though fully set forth within the Contract. This Agreement will govern in the event of conflict or inconsistency with any provision of Contract.
- i. **Choice of Law.** This Agreement and the rights and obligations of the parties hereunder shall be governed by and construed under the laws of the State of Arizona, without regard to applicable conflict of law principles.
- j. **Counterparts.** This Agreement may be executed in two or more counterparts, each of which shall be deemed an original and when taken together shall constitute one agreement.
- k. **Facsimile and Electronic Signatures.** Facsimile and electronic signatures shall be deemed to be original signatures for all purposes of this Agreement.
- I. **Notices.** Any notices required under this Agreement will be sent to the parties at the following address by first class mail, fax or hand delivery:

VALLEYWISE HEALTH COMPLIANCE/PRIVA	CY OFFICER	BUSINESS ASSOCIATE ('Associate')			
VALLEYWISE HEALTH					
2601 East Roosevelt Street					
Phoenix, AZ 85008					
FAX 602.344.5190					
Agreed to by Valleywise Health and Assoc	ciate by:				
VALLEYWISE HEALTH		ASSOCIATE			
SIGNATURE D	PATE	Signature	DATE		
PRINT NAME AND TITLE		PRINT NAME AND TITLE			



PRINT NAME AND TITLE.

#### ATTACHMENT G 90-23-245-RFQ

VALLEYWISE HEALTH
2601 East Roosevelt Street
Phoenix, AZ 85008-6092
602.344.1497
602.344.1813 (Fax)

#### **BUSINESS ASSOCIATE AGREEMENT**

#### FOR RELEASE OF INFORMATION TO THIRD PARTIES

1.			("Asso	ciate") is a busi	ness associate o	f Maricopa County S	pecial Health Care
	the	("Agree e use and handlin	eywise Health pursuant ement"). Pursuant to that go of Protected Health Indually Identifiable Health	t Agreement, As formation ("PHI"	sociate is requir ') from Valleywi	ed to comply with the se Health as set fortl	e requirements for n in the Standards
2.	Associate is permitted to disclose PHI to ("Recipient") for the necessary management and administration of Associate and to carry out the legal responsibilities of the Associate, provided that Recipient provides Associate with the following assurances for Recipient's use and disclosure of PHI.						
3.	Associate seeks to disclose PHI to Recipient for the following management, administration or legal responsibilities of Associate:						
4.	The	e disclosure of PH	II to Recipient is condition	ned upon Recipio	ent's assurance	that, and Recipient a	grees that it will:
	a.	Hold the PHI co written consent	onfidentially and make no	re-disclosure t	o any third part	y without Associate'	s express advance
	b.	Use or disclose	the PHI only as required b	y law or for the	purposes set fo	rth above; and	
	C.	Notify Associate such breach.	e in writing of any breach	es in the confide	entiality of the PI	HI within three days o	of discovery of any
AS:	SOCI	ATE		RECIP	IENT		
Sigi	NATUR	E	DATE	SIGNATU	JRE	DATE	

PRINT NAME AND TITLE

### ATTACHMENT H 90-23-245-RFQ OFFERORS GENERAL QUESTIONNAIRE

Offerors must include responses to the questions contained in this Offerors General Questionnaire. Offerors should reference the item number and repeat the question in its response. In cases where a question does not apply or if unable to respond, Offeror should refer to the item number, repeat the question, and indicate N/A (Not Applicable) or N/R (No Response), as appropriate. Offerors will explain the reason when responding N/A or N/R.

1	Offero	r Profile						
	1.1	Legal name of Offerors company:						
	1.2	Address of principal place of business:						
	1.3	Address of office that would be providing service under the Agreement:						
	1.4	Number of years in Business:						
	1.5	State of incorporation:						
	1.6	Number of Employees:						
	1.7	Annual Revenues Volume:						
	1.8	Name of Parent Corporation, if any						
	1.9	9 Is Proposer currently for sale or involved in any transaction to expand or to become acquired by another business entity? If yes, Offeror will explain the expected impact, both in organizational and directional term						
	1.10	Offeror will provide any details of all past or pending litigation or claims filed against Offeror that would affect its performance under the Agreement with Valleywise Health.						
	1.11	Is Offeror currently in default on any loan agreement or financing agreement with any bank, financial institution, or other entity? If yes, Proposer will specify the pertinent date(s), details, circumstances, and describe the current prospects for resolution.						
	1.12	Does any relationship exist (whether by family kinship, business association, capital funding agreement, or any other such relationship) between Proposer and any employee of Valleywise Health? If yes, Proposer will explain.						
Printe	d Name	of Authorized Individual Name of Submitting Organization						
Signat	ure of A	uthorized Individual Date						

# EXHIBIT "A" INFORMATION TO ASSIST WITH THE RFQ PROCESS 90-23-245-RFQ CERTIFIED TRAUMA INFORMED YOGA

The items listed below are items to be included within your RFQ response. Although the Contract Specialist for this procurement strives to include all information needed, it is the responsibility of the offeror to verify. The Contract Specialist shall not be held liable for information that is required but is not included in this Exhibit.

**INQUIRIES:** Direct all inquiries to Mary Hammer at Mary.Hammer@valleywisehealth.org no later than May 15 2023, no later than 11:00AM, Phoenix, AZ. Time. No inquiries will be accepted after that time and date.

DEADLINE FOR RESPONSE: All offers must be received no later than May 30, 2023, 11:00 A.M. Phoenix, Arizona Time. Offerors are encouraged to email their offer prior to that date and time to avoid any technical difficulties. Offers received after the time and date will not be accepted.

Quotations may be e-mailed to Mary Hammer at Mary.Hammer@valleywisehealth.org, emailed submissions must contain an attachment size of 5MB or less to ensure receipt by Contracts Management. If a larger attachment is needed, multiple emails with a fragmented response may be sent, but this must be clearly indicated in the email subject line (i.e., Response 1 of 2, Response 2 of 2). Respondents assume all risk with the delivery of quotations, and it is strongly suggested that Respondents ensure that delivery of quotations have been received by Contracts Management before the deadline. Hard copies are not accepted.

- 1. Complete the information on the Offer and Acceptance form; Sign and Return with offer.
- 2. Include all information requested in section 1.5 "Questions Specific to this request for Quotation".
- 3. Include information requested in section 1.6 General Requirements

**Instructions:** Please read the instruction section carefully, this provides detailed instructions on how to submit the RFQ and provides the guidelines Valleywise Health will use when evaluating your offer. Please reach out to the contract specialist with questions by the stated due date and time.

1. Submit a quotation not to exceed fifteen (15) pages describing how you would perform **Certified Trauma Informed Yoga** on behalf of Valleywise Health.

Submit with your quotation the following that apply:

- 12. License, certification(s), etc.
- 13. Certificates of insurance for:
   Commercial general liability
   Vehicle liability
   Worker's compensation
   Professional liability
   Current W-9
- 14. Written business history/ professional qualifications submitted for review process.
- 15. Offer and Acceptance (Complete and sign)
- 16. Attachment "A" Pricing

- 17. Attachment "B" References
- 18. Attachment "C" Exceptions to the RFQ Requirements and/or contract provisions
- 19. Attachment "D" Minority/Small/Disadvantaged Business
- 20. Attachment "E" Proprietary and/or Confidential Information
- 21. Attachment "F" Contractor Employee Verification Requirement
- 22. Attachment "G" Business Associate Agreement.
- 12. Attachment "H" Offerors General Questionnaire