



1 and hereinafter referred to as VCH Remote Access Agreement, shall be completed and submitted to  
2 Valley Children's Hospital for approval.

3 D. COUNTY's DPH Director or designee shall identify designated COUNTY  
4 employees to enter into a VCH Remote Access Agreement with CONTRACTOR. Authorized COUNTY  
5 employees are those designated individuals who work in the following DPH Divisions/Programs:  
6 California Children's Services (CCS) and Medical Therapy Program; Child Health and Disability  
7 Prevention's Health Care Program for Children in Foster Care (HCPCFC); probation youth and children  
8 at risk for entering the Child Welfare System; Communicable Disease Investigation (CDI) and  
9 Epidemiology (EPI) Programs; and other programs engaging in certain activities, including authorizing  
10 payment for medical services, performing medical case management, providing health assessments  
11 and ensuring continuity of medical care for children and youth in out-of-home placement, providing  
12 medical assistance and treatment, or meeting the STATE-mandated investigation and reporting  
13 infectious diseases requirements for residents of Fresno County.

14 E. COUNTY and CONTRACTOR acknowledge that COUNTY-designated  
15 employees as of the effective date of this Agreement shall be listed in Exhibit B, "County of Fresno  
16 Employees Authorized to Remote Access of Valley Children's Hospital's Electronic Medical Records",  
17 incorporated herein by reference.

18 F. COUNTY's DPH Director or designee, reserve the right at any time during the  
19 term of this Agreement to add new COUNTY-designated employees to the list contained in Exhibit B.  
20 Such additions shall follow the process as defined in Section 1C of this Agreement, and upon mutual  
21 approval of the COUNTY's DPH Director or designee and the CONTRACTOR. COUNTY's DPH  
22 Director or designee, also reserves the right at any time during the term of this Agreement to delete any  
23 COUNTY-designated employees contained in Exhibit B. In the event of additions or deletions to Exhibit  
24 B, COUNTY will notify CONTRACTOR within two (2) COUNTY business days. Additions or deletions to  
25 Exhibit B shall be attached to this Agreement and incorporated herein by this reference.

26 2. TERM

27 The term of this Agreement shall be for a period of one (1) year, commencing on July 1,  
28 2019 through and including June 30, 2020. This Agreement may be extended for an unlimited number of

1 twelve (12) month periods upon written approval of both parties no later than thirty (30) days prior to the first  
2 day of the next twelve (12) month extension period. The DPH Director or designee is authorized to execute  
3 such written approval on behalf of the COUNTY based on CONTRACTOR'S satisfactory performance.

4 3. TERMINATION

5 A. Non-Allocation of Funds – The terms of this Agreement, and the services to be  
6 provided hereunder, are contingent on the approval of funds by the appropriating government agency.  
7 Should sufficient funds not be allocated, the services provided may be modified, or this Agreement  
8 terminated, at any time by giving the CONTRACTOR thirty (30) days advance written notice.

9 B. Breach of Contract - Either party may immediately suspend or terminate this  
10 Agreement in whole or in part, where in the determination of the terminating party there is:

- 11 1) An illegal or improper use of funds;
- 12 2) A failure to comply with any term of this Agreement;
- 13 3) A substantially incorrect or incomplete report submitted to the other party;
- 14 4) Improperly performed service.

15 C. Without Cause - Under circumstances other than those set forth above, this  
16 Agreement may be terminated by either party upon the giving of thirty (30) days advance written notice of  
17 an intention to terminate to other party.

18 4. COMPENSATION/INVOICING

19 The process to grant COUNTY employees remote electronic access to CONTRACTOR-  
20 maintained electronic records, pursuant to the terms and conditions of this Agreement, shall be performed  
21 without the payment of any monetary consideration by the CONTRACTOR or COUNTY, one to the other.  
22 The parties hereto acknowledge and agree that their respective covenants made to the other party and  
23 benefits received from the other party under this Agreement shall form the basis of the consideration  
24 exchanged between them under this Agreement.

25 5. INDEPENDENT CONTRACTOR

26 In performance of the work, duties and obligations assumed by CONTRACTOR under this  
27 Agreement, it is mutually understood and agreed that CONTRACTOR, including any and all of the  
28 CONTRACTOR'S officers, agents, and employees will at all times be acting and performing as an

1 independent contractor, and shall act in an independent capacity and not as an officer, agent, servant,  
2 employee, joint venturer, partner, or associate of the COUNTY. Furthermore, COUNTY shall have no right  
3 to control or supervise or direct the manner or method by which CONTRACTOR shall perform its work and  
4 function. However, COUNTY shall retain the right to administer this Agreement so as to verify that  
5 CONTRACTOR is performing its obligations in accordance with the terms and conditions thereof.

6 CONTRACTOR and COUNTY shall comply with all applicable provisions of law and the  
7 rules and regulations, if any, of governmental authorities having jurisdiction over matters the subject  
8 thereof.

9 Because of its status as an independent contractor, CONTRACTOR shall have absolutely  
10 no right to employment rights and benefits available to COUNTY employees. CONTRACTOR shall be  
11 solely liable and responsible for providing to, or on behalf of, its employees all legally-required employee  
12 benefits. In addition, CONTRACTOR shall be solely responsible and save COUNTY harmless from all  
13 matters relating to payment of CONTRACTOR'S employees, including compliance with Social Security  
14 withholding and all other regulations governing such matters. It is acknowledged that during the term of this  
15 Agreement, CONTRACTOR may be providing services to others unrelated to the COUNTY or to this  
16 Agreement.

17 6. MODIFICATION

18 Any matters of this Agreement may be modified from time to time by the written consent of  
19 all the parties without, in any way, affecting the remainder.

20 7. NON-ASSIGNMENT

21 Neither party shall assign, transfer or sub-contract this Agreement nor their rights or duties  
22 under this Agreement without the prior written consent of the other party.

23 8. MUTUAL HOLD HARMLESS

24 CONTRACTOR agrees to indemnify, save, hold harmless, and at COUNTY'S request,  
25 defend the COUNTY, its officers, agents, and employees from any and all costs and expenses (including  
26 attorney's fees and costs), damages, liabilities, claims, and losses occurring or resulting to COUNTY in  
27 connection with the performance, or failure to perform, by CONTRACTOR, its officers, agents, or  
28 employees under this Agreement, and from any and all costs and expenses (including attorney's fees and

costs), damages, liabilities, claims, and losses occurring or resulting to any person, firm, or corporation who may be injured or damaged by the performance, or failure to perform, of CONTRACTOR, its officers, agents, or employees under this Agreement.

COUNTY agrees to indemnify, save, hold harmless and at CONTRACTOR's request, defend the CONTRACTOR, its officers, agents, and employees from any and all costs and expenses, damages, liabilities, claims, and losses occurring or resulting to CONTRACTOR in connection with the performance, or failure to perform, by COUNTY, its officers, agents, or employees under this Agreement, and from any and all costs and expenses, damages, liabilities, claims, and losses occurring or resulting to any person, firm or corporation who may be injured or damaged by the performance, or failure to perform, of COUNTY, its officers, agents, or employees under this Agreement.

9. INSURANCE

Without limiting the parties' right to obtain indemnification, both parties shall, at its sole expense, maintain in full force and effect, insurance policies or a program of self-insurance, including but not limited to, an insurance pooling arrangement or Joint Powers Agreement (JPA) throughout the term of the Agreement, to fund its liabilities. Coverage shall be provided for comprehensive general liability, automobile liability, professional liability, and worker's compensation exposure. Evidence of Insurance, Certificates of Insurance or other similar documentation shall not be required under this Agreement.

A. Commercial General Liability - Commercial General Liability Insurance with limits of not less than Two Million Dollars (\$2,000,000.00) per occurrence and an annual aggregate of Four Million Dollars (\$4,000,000.00). This policy shall be issued on a per occurrence basis. COUNTY may require specific coverages including completed operations, products liability, contractual liability, Explosion-Collapse-Underground, fire legal liability or any other liability insurance deemed necessary because of the nature of this contract.

B. Automobile Liability - Comprehensive Automobile Liability Insurance with limits of not less than One Million Dollars (\$1,000,000.00) per accident for bodily injury and for property damages. Coverage should include any auto used in connection with this Agreement.

C. Professional Liability - If party employs licensed professional staff, (e.g., Ph.D., R.N., L.C.S.W., M.F.C.C.) in providing services, Professional Liability Insurance with limits of not less than One

1 Million Dollars (\$1,000,000.00) per occurrence, Three Million Dollars (\$3,000,000.00) annual aggregate.

2 D. Worker's Compensation – A policy of Worker's Compensation insurance as may be  
3 required by the California Labor Code.

4 E. Cyber Liability – Cyber Liability Insurance, with limits not less than Two Million  
5 Dollars (\$2,000,000.00) per occurrence or claim, Two Million Dollars (\$2,000,000.00) aggregate. Coverage  
6 shall be sufficiently broad to respond to the duties and obligations as is undertaken by COUNTY or  
7 CONTRACTOR in this agreement and shall include, but not be limited to, claims involving infringement of  
8 intellectual property, including but not limited to infringement of copyright, trademark, trade dress, invasion  
9 of privacy violations, information theft, damage to or destruction of electronic information, extortion and  
10 network security. The policy shall provide coverage for breach response costs as well as regulatory fines  
11 and penalties as well as credit monitoring expenses with limits sufficient to respond to these obligations.

12 Additional Requirements Relating to Insurance

13 CONTRACTOR shall obtain endorsements to the Commercial General Liability insurance  
14 naming the County of Fresno, its officers, agents, and employees, individually and collectively, as additional  
15 insured, but only insofar as the operations under this Agreement are concerned. Such coverage for  
16 additional insured shall apply as primary insurance and any other insurance, or self-insurance, maintained  
17 by COUNTY, its officers, agents and employees shall be excess only and not contributing with insurance  
18 provided under CONTRACTOR's policies herein. This insurance shall not be cancelled or changed without  
19 a minimum of thirty (30) days advance written notice given to COUNTY.

20 CONTRACTOR hereby waives its right to recover from COUNTY, its officers, agents, and  
21 employees any amounts paid by the policy of worker's compensation insurance required by this  
22 Agreement. CONTRACTOR is solely responsible to obtain any endorsement to such policy that may be  
23 necessary to accomplish such waiver of subrogation, but CONTRACTOR's waiver of subrogation under  
24 this paragraph is effective whether or not CONTRACTOR obtains such an endorsement.

25 Within Thirty (30) days from the date CONTRACTOR signs and executes this Agreement,  
26 CONTRACTOR shall provide certificates of insurance and endorsement as stated above for all of the  
27 foregoing policies, as required herein, to the County of Fresno, (Name and Address of the official who will  
28 administer this contract), stating that such insurance coverage have been obtained and are in full force; that

1 the County of Fresno, its officers, agents and employees will not be responsible for any premiums on the  
2 policies that for such worker's compensation insurance the CONTRACTOR has waived its right to recover  
3 from the COUNTY, its officers, agents, and employees any amounts paid under the insurance policy and  
4 that waiver does not invalidate the insurance policy; that such Commercial General Liability insurance  
5 names the County of Fresno, its officers, agents and employees, individually and collectively, as additional  
6 insured, but only insofar as the operations under this Agreement are concerned; that such coverage for  
7 additional insured shall apply as primary insurance and any other insurance, or self-insurance, maintained  
8 by COUNTY, its officers, agents and employees, shall be excess only and not contributing with insurance  
9 provided under CONTRACTOR's policies herein; and that this insurance shall not be cancelled or changed  
10 without a minimum of thirty (30) days advance, written notice given to COUNTY.

11 In the event CONTRACTOR fails to keep in effect at all times insurance coverage as herein  
12 provided, the COUNTY may, in addition to other remedies it may have, suspend or terminate this  
13 Agreement upon the occurrence of such event.

14 All policies shall be issued by admitted insurers licensed to do business in the State of  
15 California, and such insurance shall be purchased from companies possessing a current A.M. Best, Inc.  
16 rating of A FSC VII or better.

17 10. AUDITS AND INSPECTIONS

18 The CONTRACTOR shall at any time during business hours, and as often as the COUNTY  
19 may deem necessary, make available to the COUNTY for examination all of its records and data with  
20 respect to the matters covered by this Agreement. The CONTRACTOR shall, upon request by the  
21 COUNTY, permit the COUNTY to audit and inspect all of such records and data necessary to ensure  
22 CONTRACTOR'S compliance with the terms of this Agreement.

23 A. The COUNTY shall conduct periodic internal audits and inspections of all records  
24 and data necessary to ensure COUNTY'S compliance with the terms of this Agreement.

25 B. The COUNTY shall permit the CONTRACTOR to conduct at any time during  
26 business hours, periodic reviews and/or audits of data necessary to ensure COUNTY's compliance in  
27 accordance with CONTRACTOR'S Information Systems NON-Employee Remote Access Agreement as  
28 attached hereto as Exhibit A.

1           11.    HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

2           COUNTY and CONTRACTOR each consider and represent themselves as covered entities  
3 as defined by the U.S. Health Insurance Portability and Accountability Act of 1996, Public Law 104-191  
4 (HIPAA) and agree to use and disclose Protected Health Information (PHI) as required by law, including,  
5 but not limited to, complying with California's Child Abuse or Neglect Reporting Act, or CANRA (Penal  
6 Code §§ 11164 et seq.) for individuals listed on Exhibit B .

7           COUNTY and CONTRACTOR acknowledge that the exchange of PHI between them is only  
8 for treatment, payment, and health care operations.

9           COUNTY and CONTRACTOR intend to protect the privacy and provide for the security of  
10 PHI pursuant to the Agreement in compliance with HIPAA, the Health Information Technology for Economic  
11 and Clinical Health Act, Public Law 111-005 (HITECH), and regulations promulgated thereunder by the  
12 U.S. Department of Health and Human Services (HIPAA Regulations) and other applicable laws.

13           12.    NON-DISCRIMINATION

14           During the performance of this Agreement, CONTRACTOR shall not unlawfully discriminate  
15 against any employee or applicant for employment, or recipient of services, because of race, religious  
16 creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic  
17 information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, military  
18 status or veteran status pursuant to all applicable State of California and Federal statutes and regulation.

19           13.    NOTICES

20           The persons and their addresses having authority to give and receive notices under this  
21 Agreement include the following:

22                    COUNTY

23                    Director, COUNTY OF FRESNO  
24                    Department of Public Health  
                      P.O. Box 11687  
                      Fresno, CA 93721

CONTRACTOR

                      ATTN: Director, Information Security  
                      Valley Children's Hospital  
                      9300 Valley Children's Place  
                      Madera, CA 93636-8762

25           All notices between the COUNTY and CONTRACTOR provided for or permitted under this  
26 Agreement must be in writing and delivered either by personal service, by first-class United States mail, by  
27 an overnight commercial courier service, or by telephonic facsimile transmission. A notice delivered by  
28 personal service is effective upon service to the recipient. A notice delivered by first-class United States



1 mail is effective three COUNTY business days after deposit in the United States mail, postage prepaid,  
2 addressed to the recipient. A notice delivered by an overnight commercial courier service is effective one  
3 COUNTY business day after deposit with the overnight commercial courier service, delivery fees prepaid,  
4 with delivery instructions given for next day delivery, addressed to the recipient. A notice delivered by  
5 telephonic facsimile is effective when transmission to the recipient is completed (but, if such transmission  
6 is completed outside of COUNTY business hours, then such delivery shall be deemed to be effective at the  
7 next beginning of a COUNTY business day), provided that the sender maintains a machine record of the  
8 completed transmission. For all claims arising out of or related to this Agreement, nothing in this section  
9 establishes, waives, or modifies any claims presentation requirements or procedures provided by law,  
10 including but not limited to the Government Claims Act (Division 3.6 of Title 1 of the Government Code,  
11 beginning with section 810).

12 14. GOVERNING LAW

13 Venue for any action arising out of or related to this Agreement shall only be in Fresno  
14 County, California.

15 The rights and obligations of the parties and all interpretation and performance of this  
16 Agreement shall be governed in all respects by the laws of the State of California.

17 15. SEVERABILITY

18 The provisions of this Agreement are severable. The invalidity or unenforceability of any one  
19 provision in the Agreement shall not affect the other provisions.

20 16. ENTIRE AGREEMENT

21 This Agreement, including Exhibit A and B, constitutes the entire agreement between the  
22 CONTRACTOR and COUNTY with respect to the subject matter hereof and supersedes all previous  
23 Agreement negotiations, proposals, commitments, writings, advertisements, publications, and  
24 understanding of any nature whatsoever unless expressly included in this Agreement.

25 ///

26 ///

27 ///

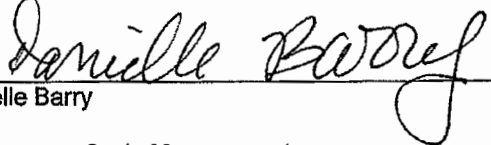
28 ///

1 IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year  
2 first hereinabove written.

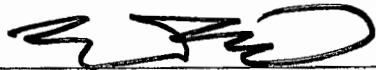
3 CONTRACTOR:

COUNTY OF FRESNO:

4 Valley Children's Hospital

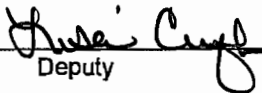
5   
6 Danielle Barry

7 VP Revenue Cycle Management

8   
Nathan Magsig, Chairman of the Board of  
Supervisors of the County of Fresno

12 ATTEST:

13 Bernice E. Seidel  
14 Clerk of the Board of Supervisors  
County of Fresno, State of California

15 By:   
16 Deputy

21 Mailing Address:  
22 ATTN: Vice President  
Revenue Cycle Management  
23 9300 Valley Children's Place  
Madera, CA 93636

26 FOR ACCOUNTING USE ONLY:  
27 ORG No.: 5620  
Fund: 0001  
28 Subclass: 10000

# Information Systems NON- Employee Remote Access Agreement <sup>8.18</sup>

Valley Children's Hospital ("Children's") maintains remote access for certain Remote Users who require an electronic connection to hospital systems from offsite locations for the purpose of providing the best possible service to our patients.

## Remote Access Agreement

1. **Acceptable Use standard.** Remote User agrees to read and adhere to Children's Acceptable Use policy (AD-1001) while connected to and utilizing any information system remotely.
2. **Protection of Confidential Information.** Remote User agrees to protect the confidentiality, integrity and availability of all electronic patient health information at all times. Remote User agrees to comply with all organizational policies, state and federal laws and regulations concerning the security and privacy of confidential information.
3. **Passwords and Codes.** Remote User agrees to abide by Children's Access Control Policy regarding usernames and passwords. Remote User will NOT share passwords, codes, credentials, or user accounts with others.
4. **Appropriate Safeguards.** Remote User agrees to take proper steps to ensure the security of the device in which they connect to Children's systems remotely. Remote User agrees not to copy information accessed remotely to local devices and or portable devices. Printing information is also not permitted unless specific authorization has been granted.
5. **Auditing and logging.** Remote User agrees that his/her remote access is subject to review and/or audit by Children's. Upon notice, Remote User agrees to return any Children's-owned portable device for purposes of ensuring compliance with this Agreement and the policies described herein.
6. **Response to Confidentiality Concerns.** Remote User acknowledges that if Children's determines in its discretion that remote access has been compromised by unauthorized parties, or that remote access has been misused, any or all of the following actions may be taken:
  - a. Remote Access terminated or disabled.
  - b. Notification to Remote User and/or Remote User's supervisor of concerns related to remote access.
  - c. Termination of this agreement.
  - d. Notification of the human resources department, information security officer, and/or information privacy officer may occur.
7. **Notification of Breach.** During the term of this Agreement, Remote User shall notify Children's within (24) hours of any suspected or actual breach of security, intrusion or unauthorized use of disclosed PHI of which Remote User becomes aware. Notification will be made in the way of the ITS Service Desk (559) 353-7300
8. **Non-Disclosure Statement.** Remote User acknowledges and agrees that access of information through use of Hospital Information Systems warrants access to proprietary Hospital Information, and that such data (information) is confidential and/or secret with ownership solely that of Children's. Authorized individuals listed on this form who access the Hospital Information System shall treat the data contained therein as confidential, and shall not disclose or otherwise make available such information and data to any other person other than the affected patient or appropriate persons involved with the medical care of the patient, except in accordance with all applicable patient medical record and information confidentiality laws, rules and regulations and as permitted by patient consent, contracts with Children's, or IRB authorization. Do not print or access protected health information unless authorized to do so. Remote User agrees to abide by applicable federal and state laws and regulations governing the privacy and security of protected health information. Violators will be prosecuted to the full extent of the law for criminal charges and/or

monetary damages and shall indemnify and hold harmless Children's against all liability resulting from violations or alleged violations. Remote User shall ensure Children are that information shall not be accessed through equipment at any site not previously approved by Information Technology Services (ITS). Remote User shall immediately notify Children's Information Systems and/or Administration of any unauthorized access via their computer system.

9. **Termination of Agreement.** Should the authorized user no longer require access to the system, notification of such change shall be made within 24 hours to Children's Information Systems. Upon termination, all protected health information shall be destroyed or returned to Children's. Notwithstanding the foregoing, Children's reserves the right to terminate this Agreement at any time upon at least thirty (30) days' advance notice to Remote User.
10. **Training Module Agreement Statement:** Remote User acknowledges and agrees that he or she has been provided the Remote Access and Portable Device Training Module from Children's. Remote User also acknowledges that this training module has been successfully completed prior to obtaining access to Children's Information Systems or receipt of a Children's-owned portable electronic device. Only the authorized individual listed on this form shall have access to Children's Information Systems or portable device.



# Information Systems NON-Employee Remote Access Agreement 7.18

## Remote Access Agreement Acknowledgement

By completing and signing this form, you acknowledge that you have read and understand the aforementioned agreements and all supported policies that pertain to it. All organizational policies are available upon request from the ITS service desk (559) 353-7300. **To complete this form:** Fill top section of this form. **Please print clearly.** Incomplete or illegible forms will not be processed and may be returned, Return this page only. All other pages are for your records.

| Please complete the section below (all fields required)   |  |   |  |
|---|--|---|--|
| Definitions:  | Provider: Physician, Resident, Allied Health Practitioner (NP/PA), MA<br>Affiliated Office Staff: Affiliated through a health-care provider, hospital or referring partner<br>Payer or Billing Representative: Needs access to systems for Insurance, billing and payer related information.<br>Consultant: Business Associate, under contract or other arrangement. |   |  |
| Provider <input type="checkbox"/>   | Affiliated Office Staff <input type="checkbox"/>   | Payer or Billing Representative <input type="checkbox"/>      | Consultant/Other <input type="checkbox"/>                                  |
| Last Name   |  | First Name  |  |
|   |  |   |  |
| Address   |  | Business Email Address  |  |
|   |  |   |  |
| Company Name  |  | Department Name   |  |
|   |  |   |  |
| Title   |  | Phone Number  |  |
|   |  |   |  |
| Supervisors Name  |  | Supervisor Contact Number                                     | Supervisor's Title   |
|   |  |   |  |
| Describe Purpose of Remote Access   |  | Who is your Valley Children's Sponsor? (Print Sponsor's Name) |  |
|   |  |   |  |
| Requesting Remote User Signature<br>(I have read the above and agree to all terms and conditions contained therein.)  |  |   | Date   |
|   |  |   |  |
| Valley Children's - Internal Use Only   |  |   |  |
| Valley Children's Hospital Sponsor Name<br>(Workforce member authorizing non-employee access.)  |  | Employee Number (LSID)<br>HR/MedStaff Use Only                | Date Access Expires: (Please enter the date this access should be removed) |
|   |  |   |  |
| Valley Children's Hospital Sponsor Signature<br>(I authorize remote access for the above non-employee.)   |  |   | Date   |
|   |  |   |  |
| <b>Note:</b> This form is only an acknowledgment for the authorization of 'remote access' and does not grant the user access to any information system within the Valley Children's Hospital network infrastructure. All requests for access to information systems must be completed and submitted by a Valley Children's Hospital employee (Sponsor) as an access request on the George page. |  |   |  |
| <b>MAIL COMPLETED FORMS BACK TO:</b> Valley Children's Hospital 9300 Valley Children's Place, Mailstop PCXG-01, Madera, CA 93638-8762 or fax to (559) 353-7169 or email: ITS_Servicedesk@valleychildrens.org  |  |   |  |

## EXHIBIT B

**LIST OF COUNTY OF FRESNO EMPLOYEES TO ACCESS**

Authorized to access EMRs from Valley Children's Healthcare (Hospital) Corporate Information System

**CMS Division**

| <b>Employee Name</b>        | <b>Title</b>                   | <b>Program</b>              |
|-----------------------------|--------------------------------|-----------------------------|
| Acosta,Tiffany Nicole Sandy | Admitting Interviewer          | CCS Administration          |
| Almaguer,Noel               | Public Health Nurse            | CCS Administration          |
| Arce, Sandy Sue             | Public Health Nurse            | CCS Administration          |
| Bomgardner,Marla Lynn       | Supvsng Public Health Nurse    | CCS Administration          |
| Bong, Vanessa               | Admitting Interviewer          | CCS Administration          |
| Burgess Jr.,Joseph E.       | Staff Nurse                    | CCS Administration          |
| Conde,Marilyn J.            | Physical Therapist             | CCS Administration          |
| Constantino,Rudy C          | Admitting Interviewer          | CCS Administration          |
| Escobedo,Maria Alicia       | Admitting Interviewer          | CCS Administration          |
| Garza-Wayne, Yuidico        | Admitting Interviewer          | CCS Administration          |
| Gip, Quy Anh                | Staff Nurse                    | CCS Administration          |
| Jensen,Maribeth B           | Staff Nurse                    | CCS Administration          |
| Lawson,Sherilee J.          | Head Nurse                     | CCS Administration          |
| Lee, Pa                     | Admitting Interviewer          | CCS Administration          |
| Lopez, Rebecca              | Admitting Interviewer          | CCS Administration          |
| Martin,Darawadee M          | Staff Nurse                    | CCS Administration          |
| Mayugba,Benilda B.          | Staff Nurse                    | CCS Administration          |
| Mehta, Khusal               | Public Health Physician        | CCS Administration          |
| Mendoza,Sonia L             | Sr Admitting Interviewer       | CCS Administration          |
| Milburn, Megan              | Public Health Nurse            | CCS Administration          |
| Nava,Marcy Melanie          | Admitting Interviewer          | CCS Administration          |
| Orejel, Martha              | Medical Social Worker          | CCS Administration          |
| Ozaeta, Amada               | Public Health Nurse            | CCS Administration          |
| Ramiro,Marjelyn V           | Staff Nurse                    | CCS Administration          |
| Reyes,Luz M                 | Admitting Interviewer          | CCS Administration          |
| Reyna, Veronica             | Staff Nurse                    | CCS Administration          |
| Roberts,Laurie Kay          | Admitting Interviewer          | CCS Administration          |
| Robles-Solis, Ariana        | Medical Social Worker          | CCS Administration          |
| Rodriquez, Angel            | Admitting Interviewer          | CCS Administration          |
| Romans, Robert              | Admitting Interviewer          | CCS Administration          |
| Smith, Shavonne             | Staff Nurse                    | CCS Administration          |
| Staub, Sarrina              | Admitting Interviewer          | CCS Administration          |
| Stevens,Kelly D             | Staff Nurse                    | CCS Administration          |
| Tagoe,Vivien                | Staff Nurse                    | CCS Administration          |
| Taylor,Bobbi Lynn           | Sr Admitting Interviewer       | CCS Administration          |
| Thao,Bernard                | Admitting Interviewer          | CCS Administration          |
| Tristan,Anita A.            | Admitting Interviewer          | CCS Administration          |
| Tueno, Joele                | Public Health Nurse            | CCS Administration          |
| Vanhelsdingen,Khamsay       | Staff Nurse                    | CCS Administration          |
| Verma, Rajeev               | Public Health Physician        | CCS Administration          |
| Vue,Michael P               | Admitting Interviewer          | CCS Administration          |
| Woo,Heather Gin             | Public Health Nurse            | CCS Administration          |
| Yang,Jing                   | Staff Nurse                    | CCS Administration          |
| Yang,Timothy Kou            | Staff Nurse                    | CCS Administration          |
| Bains, Kayli                | Occupational Therapist         | CCS Medical Therapy Program |
| Burckert,Eleana M           | Physical Therapist             | CCS Medical Therapy Program |
| Butler,Denise Dale          | Occupational Therapist         | CCS Medical Therapy Program |
| Dhillon,Harsharn K.         | Rehabilitative Therapy Manager | CCS Medical Therapy Program |
| Dillard, Destanie           | Therapy Aide                   | CCS Medical Therapy Program |
| Elenes, Aida                | Therapy Aide                   | CCS Medical Therapy Program |
| Holmes,Danielle M           | Physical Therapist             | CCS Medical Therapy Program |
| Machado, Megan              | Physical Therapist             | CCS Medical Therapy Program |
| Piche, Ross                 | Physical Therapist             | CCS Medical Therapy Program |
| Sotelo,Susana               | Therapy Aide                   | CCS Medical Therapy Program |
| Sticklin,Amy M.             | Physical Therapist             | CCS Medical Therapy Program |
| Yamashita, Sara             | Occupational Therapist         | CCS Medical Therapy Program |

## LIST OF COUNTY OF FRESNO EMPLOYEES TO ACCESS

Authorized to access EMRs from Valley Children's Healthcare (Hospital) Corporate Information System

### COMMUNITY HEALTH DIVISION

| Employee Name      | Title                           | Program                                  |
|--------------------|---------------------------------|--|
| Amesquita, Amanda  | Program Technician              | Epidemiology                             |
| Lucas, Anthony     | Program Technician              | Epidemiology                             |
| Mendoza, Gregory   | Program Technician              | Epidemiology                             |
| Polfer, Kathrynn   | Program Technician              | Epidemiology                             |
| Vue, Ge            | Supervising Public Health Nurse | TB Control/Immunization                  |
| Al Saghbini, Samer | Public Health Physician         | TB Control/Immunization                  |
| Blanks, Scotti     | Public Health Nurse             | TB Control/Immunization                  |
| Cox, Rogenia       | Communicable Disease Specialist | TB Control/Immunization                  |
| Herrera, Rebecca   | Public Health Nurse             | TB Control/Immunization                  |
| Lee, Vang          | Public Health Nurse             | TB Control/Immunization                  |
| Lor, Koua          | Public Health Chemist           | TB Control/Immunization                  |
| Lung, Calvin       | Public Health Microbiologist    | TB Control/Immunization                  |
| Ramos, Patricia    | Staff Nurse                     | TB Control/Immunization                  |
| Zendejas, Juana    | Communicable Disease Specialist | TB Control/Immunization                  |
| Padgett, Lissett   | Communicable Disease Specialist | Communicable Disease Investigation (CDI) |
| Marron, Martha     | Communicable Disease Specialist | Communicable Disease Investigation (CDI) |
| Mendoza, Paula     | Communicable Disease Specialist | Communicable Disease Investigation (CDI) |
| Perez, Angela      | Communicable Disease Specialist | Communicable Disease Investigation (CDI) |
| Sanchez, Norma     | Communicable Disease Specialist | Communicable Disease Investigation (CDI) |
| Tran, Thi          | Public Health Nurse             | Childhood Lead Poisoning Prevention/CDI  |
| Dang, Michael      | Public Health Nurse             | Childhood Lead Poisoning Prevention/CDI  |
| Peterson, Shelby   | Public Health Nurse             | Childhood Lead Poisoning Prevention/CDI  |
| Day, Jennifer      | Public Health Nurse             | Congenital Syphilis                      |
| Carney, Mark       | Social Worker                   | Congenital Syphilis                      |
| Thomas, Kim        | Communicable Disease Specialist | HIV Surveillance                         |
| Kitaoka, Kevin     | Communicable Disease Specialist | STD Program                              |
| Morales, Agustin   | Communicable Disease Specialist | STD Program                              |
| Morales, Jay       | Communicable Disease Specialist | STD Program                              |
| Montes, Iris       | Communicable Disease Specialist | STD Program                              |
| Vang, Hou          | Communicable Disease Specialist | STD Program                              |

### PUBLIC HEALTH NURSING

| Employee Name      | Title                           | Program               |
|--------------------|---------------------------------|-----------------------|
| Adolf, Natalie     | Public Health Nurse Coordinator | FIMR/SID* Coordinator |
| Carrasco, Monica   | Public Health Nurse             | Foster Care           |
| Chavez, Nadia      | Public Health Nurse             | Foster Care           |
| Cunningham, Stacey | Public Health Nurse             | Foster Care           |
| Lopez, Sally       | Public Health Nurse             | Foster Care           |
| Petersen, Janelle  | Public Health Nurse             | Foster Care           |
| Schmidt, Kathy     | Public Health Nurse             | Foster Care           |
| Wade, Lupe         | Public Health Nurse             | Foster Care           |

\* Fetal Infant Morbidity Report/Sudden Infant Death