



Grant Agreement Number 165788

**AMENDMENT TO
STATE OF OREGON
INTERGOVERNMENTAL GRANT AGREEMENT**

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This is amendment number **01** to Grant Agreement Number **165788** between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as “OHA” and

**Deschutes County,
Acting by and through its Health Services
2577 NE Courtney Drive
Bend, Oregon 97701
Attention: Dr. George Conway, MD Health Services Director
Telephone: (541) 322-7502
E-mail address: george.conway@deschutes.org**

hereinafter referred to as “Recipient”.

1. This amendment shall become effective on **June 30, 2022** provided it is (i) approved in writing by the Oregon Department of Justice, and (ii) when required, approved in writing by the Oregon Department of Administrative Services, and (iii) is signed by all parties, regardless of the date of the parties’ signatures.
2. The Agreement is hereby amended as follows:
 - a. “Section 1 “Effective Date and Duration” is hereby amended to change the expiration date from **June 30, 2022** to **June 30, 2024**.
 - b. Section 3 “Grant Disbursement Generally” is hereby amended to increase by **\$143,000.00** the current maximum not-to-exceed amount of **\$143,000.00** to a new maximum not-to-exceed amount of **\$286,000.00**.
 - c. Effective July 1, 2022, Exhibit A Part 1 “Program Description” is deleted and hereby replaced with the attached Exhibit A Part 1, “Program Description”. Attachment 1 “Minimum Required Equipment List” shall remain in effect.
 - d. Effective July 1, 2022, Attachment 2 “Certification Requirements Information for Generation PMTO Candidates” is deleted and hereby replaced with the Attachment 2 “Certification Requirements Information for Generation PMTO Candidates”.
 - e. Exhibit A Part 2 “Payment and Financial Reporting is deleted and hereby replaced with

the attached Exhibit A Part 2 "Payment and Financial Reporting".

- 3. Except as expressly amended above, all other terms and conditions of the original Agreement and any previous amendments are still in full force and effect.
- 4. **Recipient Data and Certification.** Recipient shall provide the information set forth below.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Recipient Name (exactly as filed with the IRS): Deschutes County Oregon

Street address: 1300 NW Wall Street

City, state, zip code: Bend, OR 97703

Email address: shannon.brister@deschutes.org; cc: grace.evans@deschutes.org

Telephone: () 541-322-7500 Facsimile: () 541-322-7565

Recipient Proof of Insurance. Recipient shall provide the following information upon submission of the signed Agreement Amendment. All insurance listed herein and required by Exhibit C of the original Agreement, must be in effect prior to Agreement execution.

Workers' Compensation Insurance Company:

Policy #: Self-Insured Expiration Date: N/A

RECIPIENT, BY EXECUTION OF THIS AMENDMENT, HEREBY ACKNOWLEDGES THAT RECIPIENT HAS READ THIS AMENDMENT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

5. Signatures.

**Deschutes County,
Acting by and through its Health Services
By:**

Authorized Signature

Printed Name

Title

Date

**State of Oregon acting by and through its Oregon Health Authority
By:**

Authorized Signature

Printed Name

Title

Date

**Approved by: Director, OHA Health Systems Division
By:**

Authorized Signature

Printed Name

Title

Date

Approved for Legal Sufficiency:

Via e-mail by Patrick Rieder, Assistant Attorney General, on June 23, 2022; email in agreement file.
Department of Justice Date

EXHIBIT A

Part 1

Program Description

1. Goals and Objectives.

As a result of clinicians receiving this training and certification, the Goals and Objectives of this Agreement are to:

- a. Demonstrate positive child, youth, and family outcomes of GenPMTO through data on reductions of child/youth externalizing behaviors at home and school or daycare, reduced symptoms of depression, and increased positive family communication;
- b. Demonstrate improvements in parent-adolescent relationships to prevent and reduce social, emotional, and behavioral problems including depression, anxiety, academic difficulties, alcohol and drug abuse, delinquency, and poor social skills; and
- c. Strengthen parenting skills (encouragement, limit setting, monitoring/supervision, problem solving, positive parent involvement) to prevent and slow problems which can develop throughout childhood and adolescence and carry into adulthood.

2. Definitions.

For purposes of this Agreement, the terms below shall have the following meanings:

- a. **Authorized Generation PMTO Trainer** means a person who is certified by ISII to train clinicians to certification through best-practice workshops, coaching, and Fidelity rating.
- b. **Eyberg Child Behavior Inventory (ECBI)** is a comprehensive, behaviorally specific, parent-rating scale that assesses the current frequency and severity of disruptive behaviors. This is a requirement of Fidelity GenPMTO implementation. <https://www.parinc.com/Products/Pkey/97>
- c. **Fidelity** is the extent to which delivery of an intervention adheres to the protocol or program model originally developed and supported by research.
- d. **Generation PMTO (GenPMTO)** also referred to as the Parent Management Training - Oregon Model, is an evidence-based intervention that helps parents strengthen families at all levels (children, youth, parents, and couples). Delivery options include in-person with each individual family, including in-home delivery or telehealth, and multi-family group delivery.

- e. **Implementation Sciences International, Inc. (ISII)** is a non-profit organization located in Eugene, Oregon that trains clinicians in GenPMTO through active training programs. Website url: www.generationpmto.org
- f. **ISII Portal** is the web-based software tool used in training clinicians. The ISII Portal can be found at: <https://isii.pmtoportal.org/>
 - (1) Clinicians or organization staff enter family demographic information about each family (e.g., ages, number of family members, members' relationship to child/children);
 - (2) Clinicians complete session forms and upload videos of family sessions to portal;
 - (3) ISII coaches review video recordings and provide feedback for clinicians;
 - (4) Fidelity scores are recorded in portal; and
 - (5) Data is used to track clinicians' progress toward certification.
- g. **Key Person(s)** means the person or persons on Recipient's staff, including any subcontractors, assigned to perform the Grant Activities identified in this Agreement.
- h. **Qualified Mental Health Associate (QMHA)** means a person delivering services under the direct supervision of a QMHP who meets the minimum qualifications as authorized by the LMHA, or designee, and specified in OAR309-019-0125 (9).
- i. **Qualified Mental Health Professional (QMHP)** means a Licensed Medical Professional or any other person meeting the minimum qualifications as authorized by the LMHA, or designee, and specified in 309-019-0125 (10).
- j. **National Provider Number (NPI)** is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Information can be found at: <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/>
- k. **Strengths and Difficulties Questionnaire (SDQ)** is a standardized and validated behavioral health screening questionnaire to be used with children 2 through 17 years. The SDQ can be used for screening, clinical assessment, and outcome evaluation. SDQ is available through <https://youthinmind.com/>
- l. **Treatment Completion in GenPMTO** is a minimum of 6 sessions (through introduction to limit setting) completed and a reduction of symptoms or problem behaviors on standardized measures from first session to consider a GenPMTO family as having "completed treatment".

3. Grant Activities.

Recipient will:

- a. Sub-contract with ISII, in accordance with Exhibit B.15, for 10 days of face-to-face trainings for staff members whose primary employment duties are direct client

behavioral health services.

- (1)** Sequence of training sessions, recruitment of parents, and start of GenPMTO sessions will be accomplished according to the schedule specified by the ISII Director of Implementation and Training to ensure the full benefit of trainings and adherence to the model.
 - (2)** Training sessions may include basic training for staff previously unfamiliar with GenPMTO, advanced trainings for staff who are certified in GenPMTO (examples include: becoming coaches, trainers, or fidelity monitors), or becoming trained in the group version of GenPMTO called Parenting Through Change.
 - (3)** Clinicians must be provided adequate time to prepare and debrief cases and review feedback by ISII coaches on a regular basis to support upcoming sessions.
 - (4)** Basic GenPMTO trainings will consist of one 4-day workshop, two 3-day workshops, and 24 consultation sessions via teleconferencing technology or live for 1- hour, twice a month, for 12 months.
 - (5)** Advanced GenPMTO training and consultation hours will be determined in accordance with the ISII Implementation and Training requirements.
 - (6)** Recipient must be willing to provide clinicians attending workshops with adequate support and coverage of their caseload and related duties to minimize distractions (e.g., texting, email, phone calls, etc.) during training activities.
- b.** Purchase and provide all equipment necessary for each trainee to record and upload practice and live sessions of GenPMTO skills by the first week of GenPMTO basic training, and for on-going certification documentation. (See Attachment 1 - Minimum Required Equipment List)
 - c.** Purchase and distribute to trainees, all training manuals, clinician notebooks, and parent manuals required by GenPMTO training protocols.
 - d.** Purchase and make readily available, Eyberg Child Behavior Inventory (ECBI) assessment and the Strengths and Difficulties Questionnaire (SDQ) tools in quantities needed to gather data at the start of treatment, mid-treatment, and at the end of treatment or when family leaves GenPMTO services.
 - e.** Provide appropriate teleconferencing equipment, maintenance of equipment, and advice as needed or as requested to each site regarding set up, internet requirements, and how to make use of the teleconferencing equipment to facilitate on-going consultation sessions for 12 or more months.
 - f.** Ensure that trainees complete Certification Requirements within 20 months after the first week of Basic GenPMTO training. At least 75% of those who start the training must become certified, and are required to include the pre/post treatment outcomes using the model in the required reports to OHA. (Attachment 2 – Certification Requirements)

- g.** Serve ethnically diverse families in the same proportion as is represented in the county using GenPMTO services.
- h.** Ensure access to enough clients that GenPMTO trainers can review videos monthly for each trainee to confirm the use of the core competency skills toward meeting certification requirements.
- i.** Establish and maintain information pertinent to Fidelity reviews including:
 - (1)** Evidence documented in the Electronic Health Records (EHR) of individuals and in reports to OHA of data-driven treatment decisions and the development of performance expectations using the ECBI, the age-appropriate versions of the SDQ, and documentation of session by session adherence to GenPMTO protocols.
 - (2)** Ensure reports to OHA from ISII regarding participation in training and consultation participation and progress towards certification as follows:
 - (a)** Clinician workshop attendance;
 - (b)** Number of GenPMTO families receiving services during training (i.e., families entered into ISII portal);
 - (c)** Number of GenPMTO families who completed services (i.e., as reported in the ISII portal);
 - (d)** Compliance with uploading video recordings and completing session forms;
 - (e)** Number of consultation sessions provided to each OHA funded GenPMTO site and number of clinicians in attendance; and
 - (f)** Fidelity summary for each clinician.

4. Key Persons.

Recipient shall assign the following Key Persons to support and monitor the GenPMTO trainees' progress towards certification and fidelity implementation:

- a. Amy Richardson
- b. Shannon Brister

* If due to unforeseen circumstances, such as medical leave, a Key Person is unable to participate in GenPMTO leadership meetings, trainee support and monitoring activities, Recipient shall ensure that another Key person is assigned for these duties.

5. Reporting Requirements.

Prepare and electronically submit to OHA at: amhcontract.administrator@state.or.us, written quarterly reports on the delivery of GenPMTO training, certification, and implementation, no later than 45 calendar days following the end of each subject quarter for which payment is made through this Agreement. Reports must be prepared using forms and procedures prescribed by OHA. Reports, which will be provided by OHA, shall include the following:

- a. GenPMTO Data July1, 2022 through June 30, 2024 Excel Form.
- b. GenPMTO Quarterly Report Face Sheet.

EXHIBIT A**Part 2
Payment and Financial Reporting****1. Grant Funding Disbursement.**

- a. Recipient shall invoice and OHA will pay 8 equal quarterly payments of \$17,875 upon receipt of the quarterly reporting and invoices described below for a not to exceed amount of \$143,000.00.
- b. Recipient shall send all invoices to OHA email box at amhcontract.administrator@dhsosha.state.or.us or to any other address as OHA may indicate in writing to Recipient, in a format prescribed by OHA.
- c. Recipient shall prepare and submit to OHA, written quarterly invoices, within 45 calendar days following the end of each calendar quarter throughout the term of the Agreement for the previous quarterly period, or portion thereof as reflected in the following table:

Quarter	Due Date
July 1 – September 30	November 14
October 1 – December 31	February 14
January 1 – March 30	May 14
April 1 – June 30	August 14

- d. Recipient shall, upon request, revise and resubmit reports and invoices to OHA's satisfaction.
- e. OHA is not obligated to provide payment for any invoice received more than 60 days after the date of the expiration or termination of this Agreement, whichever is earlier.
- f. Recipient's claims to OHA for overdue payments on invoices are subject to ORS 293.462.

2. Travel and Other Expenses.

OHA will not reimburse Recipient separately for any travel or other expenses under this Agreement.

ATTACHMENT 2

Certification Requirements Information for GenerationPMTO

Candidates

Created 2009 by MSF, LAR, MS

1. Advancement to GenerationPMTO Certification Candidacy
 - a. Based on obtaining timely feedback (from ISII mentors and coaches) and effective incorporation of feedback;
 - b. Must have at least 3 PMTO training families with feedback;
 - c. After receiving approximately 12 feedbacks from sessions with the 3 training families;
 - d. Completion of self-assessment interview; and
 - e. ISII invites candidates and informs them when they are advanced to certification candidacy.
2. Certification families must be a minimum of 2 or more new families (not training families).
3. Candidates send 4 full Certification Family sessions to ISII. Sessions are likely to contain material other than topics under review. The topics are:
 - a. Introducing Encouragement (introduce/present incentive chart or token system)
 - b. Introducing Discipline (introduce/present time out or work chores)
 - c. Troubleshooting Encouragement
 - d. Troubleshooting Discipline
4. Consider the following criteria when submitting certification sessions:
 - a. Candidates can troubleshoot the same or different encouragement topic and the same or different discipline topic. For example, if introducing an incentive chart for one session, one may troubleshoot a token system in the other session.
 - b. The 2 sessions on Encouragement must be from different families. The 2 sessions on Discipline must be from different families (e.g., if Introducing Encouragement is from the D family, Troubleshooting Encouragement must be from the E family).
 - c. It is acceptable to submit Introducing sessions for the same family (e.g., introducing encouragement and introducing discipline from the D family).
 - d. Certification sessions will be viewed for a maximum of 60 minutes, beginning with the start of the session. (If translation is required, sessions will be translated for a maximum of 60 minutes.)
 - e. Session information forms must accompany each certification session, and case introduction forms must be submitted for each certification family, as applicable.
 - f. Informed consent must be obtained for each person who appears in the session.
5. Session information forms will be rated for the candidate's ability to succinctly evaluate:
 - a. Plan for the session;
 - b. What went well and why;

- c. What were the challenges;
 - d. If the candidate could do the session over, what would they do differently; and
 - e. Context for the session that may or may not be related to resistance issues.
6. If a session does not receive a passing score (mean of 6.0 on Fidelity of Implementation Rating System (FIMP) dimensions or a score of 3.0 or lower on any FIMP dimension; i.e., no score in the “Needs Work” range), the candidate will be invited to submit an additional certification session of the same content. Candidates will receive a summary of strengths and areas to improve for each session that does not receive a passing score.
7. Candidates will receive a summary of strengths and considerations for each of the certification sessions that receives a passing score.
8. Certifiers take the following into consideration in making ratings:

a. Introducing Encouragement Systems

Token System

- Include raps with the concept of teaching new behavior through encouragement.
- Identify as a system of encouragement.
- Identify and demonstrate specific behavior(s) that earn tokens.
- Practice through Role-Play (RP)
- Identify incentives that may back up tokens.
- Explanation to the child (if parents will start using the system that week).
- Home Practice Assignment (HPA) is related to the system.

Incentive Chart

- Include raps with the concept of teaching new behavior through encouragement.
- Identify as a system of encouragement.
- Goal behaviors for a daily IC are identified and 1 selected.
- Goal behavior is broken into small steps.
- Daily Rewards are identified.
- Explanation to the child (if parents will start using the system that week).
- HPA is related to the system.

b. Introducing Limit Setting (Time Out, Work Chores)

Limit

- Include raps about the concept of decreasing negative behavior with negative consequences.
- Qualities included in a negative consequence:
 - Mild
 - Short
 - Immediate
 - Unemotional

- Do-able
 - Other
 - Provide transition from encouragement to limit setting.
 - Include raps regarding balancing negative consequences with encouragement.
 - Identify behaviors that warrant negative consequence.
 - Practice applying the consequence.
 - Follow correct procedural steps for Time Out (TO) or Work Chores (see manual).
 - Identify privileges to remove.
 - Explanation to the child (if parents plan to start using limit setting that week).
 - Include as many steps as possible, or as time allows.
 - HPA assignment is related to progress (i.e., never give to start TO or Work Chores until parents are ready).
- c. Troubleshooting
- Represents a return to the topic, reviewing its use, and making adjustments as necessary.
 - RP, eliciting goal behavior, brainstorming, and the questioning process are integral parts of troubleshooting.
 - Review of content is integral.
 - Includes activity to assess skills.
 - Includes practice to refine skills.
 - HPA includes trying out of the new revision.
- d. General
- Certification session content needs to be covered in at least half of the session (30 minutes).
 - Structure of a session (e.g., beginning, middle and end) should include:
 - Debriefing the HPA and its relevance to forward movement;
 - Introducing the topic;
 - Assessing skill level and filling in the gaps with RP and/or other active teaching methods;
 - Rationales' underlying principles;
 - Assigning clear HPA that is suitable to family's progress; and
 - Other relevant strategies to successfully teach the content identified for the certification session.
 - Refer to Workshop Manual (e.g., A Course in the Basic PMTO Model)

Confidential
CONTRACTOR TAX IDENTIFICATION INFORMATION
For Accounting Purposes Only

The State of Oregon requires contractors to provide their Federal Employer Identification Number (FEIN) or Social Security Number (SSN). This information is requested pursuant to ORS 305.385 and OAR 125-246-0330(2). Social Security numbers provided pursuant to this section will be used for the administration of state, federal and local tax laws. The State of Oregon may report this information to the Internal Revenue Service (IRS). Contractors must keep this information current at all times. Contractors are required to notify the State of Oregon contract administrator within 10 business days if this information changes. The State of Oregon reserves the right to ask contractors to update this information at any time during the document term.

Document number: 165788-1

Legal name (tax filing): Deschutes County Oregon

DBA name: Deschutes County Health Services

Billing address: 2577 NE Courtney Drive

City: Bend State: OR Zip: 97701

Phone: 541-322-7500

FEIN: 93-6002292

- OR -

SSN: _____

Please attach this completed form with your signed document(s) and return to the contract specialist via email.

Certificate Of Completion

Envelope Id: 9456049E8B064163BF56508CA67648B2

Status: Sent

Subject: 165788-1 Deschutes County

Source Envelope:

Document Pages: 12

Signatures: 0

Envelope Originator:

Certificate Pages: 5

Initials: 0

Larry Briggs

AutoNav: Enabled

LARRY.O.BRIGGS@dhsoba.state.or.us

Enveloped Stamping: Enabled

IP Address: 209.112.106.2

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

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Signer Events**Signature****Timestamp**Security Level: Email, Account Authentication
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Jon Collins

JON.C.COLLINS@dhsoba.state.or.us

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**

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Margie Stanton

MARGIE.C.STANTON@dhsoba.state.or.us

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**

Accepted: 5/26/2020 8:11:14 AM

ID: 20e5e982-b92b-49ae-b319-83ecdb2ac0b5

In Person Signer Events**Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp**

Grace Evans

grace.evans@deschutes.org

Contract Specialist

Deschutes County Health Services

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**

Accepted: 9/22/2021 9:13:25 AM

ID: 1c2f1b1a-bce9-4e77-a9ac-00927d21eb03

Sent: 6/28/2022 3:22:22 PM

Resent: 7/20/2022 10:14:59 AM

Viewed: 7/20/2022 12:59:48 PM

Intermediary Delivery Events**Status****Timestamp****Certified Delivery Events****Status****Timestamp**

Carbon Copy Events	Status	Timestamp
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amhcontract.administrator@dhsoha.state.or.us
amhcontract.administrator@dhsoha.state.or.us
Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Sheryl Derting
SHERYL.L.DERTING@dhsoha.state.or.us
Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	6/28/2022 3:22:23 PM
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Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Carahsoft OBO Oregon Health Authority - CLM (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Carahsoft OBO Oregon Health Authority - CLM:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: mick.j.mitchell@dhsoha.state.or.us

To advise Carahsoft OBO Oregon Health Authority - CLM of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at mick.j.mitchell@dhsoha.state.or.us and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Carahsoft OBO Oregon Health Authority - CLM

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to mick.j.mitchell@dhsoha.state.or.us and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Carahsoft OBO Oregon Health Authority - CLM

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to mick.j.mitchell@dhsoha.state.or.us and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Carahsoft OBO Oregon Health Authority - CLM as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Carahsoft OBO Oregon Health Authority - CLM during the course of your relationship with Carahsoft OBO Oregon Health Authority - CLM.