

THE STATE OF TEXAS                   §  
   §     KNOW ALL MEN BY THESE PRESENTS  
 COUNTY OF FORT BEND               §

**COLLABORATION AGREEMENT BETWEEN FORT BEND COUNTY AND ACCESS HEALTH  
 REGARDING CONTINUUM OF CARE FOR HIV/AIDS TREATMENT AND PRE-EXPOSURE  
 PROPHYLAXIS**

This Collaboration Agreement (Agreement) is entered into between Fort Bend County ("COUNTY"), acting herein by and through its Commissioners' Court and Access Health ("AGENCY"), a non-profit governed by the laws of Texas.

**RECITALS**

**WHEREAS**, both County and Agency wish to enter into this Agreement to work together to ensure that residents in Fort Bend County have access to healthcare services; and

**WHEREAS**, both County and Agency wish to reduce duplication of service delivery, and maximize available resources; and

**WHEREAS**, this collaborative effort between County and Agency to respond to the growing health care needs of HIV positive individuals in Fort Bend County serves a public purpose;

**NOW THEREFORE**, in consideration of the foregoing, the parties hereto agree as follows:

**I.     PURPOSE**

This Agreement delineates the responsibilities of the County and Agency for activities related to the health services provided by the County and the Agency for HIV positive individuals.

**II.    SCOPE**

No provision in this Agreement limits the activities of the County in performing local and state functions.

**III.   DEFINITIONS and ACRONYMS**

- A. "PrEP"- Pre-exposure prophylaxis; measures designed to prevent the occurrence of HIV/AIDS or its dissemination.
- B. "Newly Diagnosed HIV Positive Individuals" - clients diagnosed as being HIV positive who have not received prior treatment as it relates to this Agreement by County or Agency
- C. "PLWHA"- Persons Living with HIV/AIDS
- D. "Out-of-care" - those HIV positive clients who have not had a primary medical care encounter within the previous six months.
- E. "Appropriate Care"-level of care as determined by FBCHHS.

#### **IV. GENERAL RESPONSIBILITIES**

##### **COUNTY DUTIES:**

- A. County will make reasonable efforts to link newly diagnosed HIV positive clients and those Persons Living with HIV/AIDS (PLWHA) defined as "out-of-care" with County and Agency services to provide appropriate care.
- B. County will refer to Agency those newly diagnosed or out-of-care HIV positive clients desiring services from Agency for HIV services by paper referral given to client and a follow-up connection call to Agency.
- C. County will request information regarding client's attendance at HIV related medical appointments at least until determination of administration of antiretroviral medications by the Agency.
- D. County will monitor the delivery of services in a manner as determined by County in order to provide coordination of services and avoid duplication of services.
- E. County will provide Agency with a County point of contact to answer questions or concerns regarding the health services described in this Agreement.
- F. County will assure that any information gathered during the course of this Agreement will be kept in a secure manner.
- G. County will make reasonable efforts to identify high-risk clients and attempt to link those clients to Agency PrEP services as appropriate.
- H. County will screen clients for HIV and will make reasonable efforts to refer HIV positive clients to PrEP services provided by Agency as appropriate.

##### **AGENCY DUTIES:**

- A. Agency will provide HIV related and other medical care as appropriate to clients referred to Agency for these services.
- B. Agency will monitor the delivery of services in a manner as determined by County in order to provide coordination of services and avoid duplication of services.
- C. After receiving a signed client release from the client, Agency will provide to the County information regarding client's attendance at HIV related medical appointments.
- D. Agency will provide County with an Agency point of contact to answer questions or concerns regarding the health services described in this Agreement.
- E. Agency will assure that any information gathered during the course of this Agreement will be kept in a secure manner.
- F. Agency agrees to refer and accept referrals for services as appropriate for clients.

##### **ADDITIONAL DUTIES**

- A. Both will serve all eligible clients regardless of race, gender, sexual preference or religion, seeking to eliminate any discriminatory practices related to client care.
- B. Both entities will establish programs that focus on the client's health outcomes.
- C. Both entities will seek to provide high quality care that exceeds the standards of care set by the governing bodies.

- D. Both entities will keep communication open and on-going to review strategies for improving service delivery and ensure the objectives for this agreement are fully met.

#### **V. COMPENSATION**

Nothing in this Agreement, whether express or implied, will confer upon either party any right to compensation for services under this Agreement.

#### **VI. INDEPENDENT CONTRACTOR**

The execution of this Agreement and the rendering of services prescribed by this Agreement do not change the independent status of the County or the Agency. No provision of this Agreement or act of Agency in performance of the Agreement shall be construed as making the Agency the agent, servant or employee of County, the State of Texas or the United States Government. The Agency is solely responsible for employee payrolls and claims arising therefrom. The Agency shall notify County of the threat of lawsuit or of any actual suit filed against the Agency pertaining to this Agreement or which would adversely affect the Agency's ability to perform services under this Agreement.

#### **VII. CONFIDENTIALITY**

- A. Agency acknowledges that it and its employees or agents may, in the course of performing their responsibilities under this Agreement, be exposed to or acquire information that is confidential to County. Any and all information of any form obtained by Agency or its employees or agents from County in the performance of this Agreement shall be deemed to be confidential information of County ("Confidential Information").
- B. Confidential Information shall be deemed not to include information that (a) is or becomes (other than by disclosure by Agency) publicly known or is contained in a publicly available document; (b) is rightfully in Agency's possession without the obligation of nondisclosure prior to the time of its disclosure under this Agreement; or (c) is independently developed by employees or agents of Agency who can be shown to have had no access to the Confidential Information.
- C. Agency agrees to hold Confidential Information in strict confidence, using at least the same degree of care that Agency uses in maintaining the confidentiality of its own confidential information, and not to copy, reproduce, sell, assign, license, market, transfer or otherwise dispose of, give, or disclose Confidential Information to third parties or use Confidential Information for any purposes whatsoever other than the provision of Services to County hereunder, and to advise each of its employees and agents of their obligations to keep Confidential Information confidential. Agency shall use its best efforts to assist County in identifying and preventing any unauthorized use or disclosure of any Confidential Information. Without limitation of the foregoing, Agency shall advise County immediately in the event Agency learns or has reason to believe that any person who has had access to Confidential Information has violated or intends to violate the terms of this Agreement and Agency will at its expense cooperate

with County in seeking injunctive or other equitable relief in the name of County or Agency against any such person. Agency agrees that, except as directed by County, Agency will not at any time during or after the term of this Agreement disclose, directly or indirectly, any Confidential Information to any person, and that upon termination of this Agreement or at County's request, Agency will promptly turn over to County all documents, papers, and other matter in Agency's possession which embody Confidential Information.

- D. Agency acknowledges that a breach of this Section, including disclosure of any Confidential Information, or disclosure of other information that, at law or in equity, ought to remain confidential, will give rise to irreparable injury to County that is inadequately compensable in damages. Accordingly, County may seek and obtain injunctive relief against the breach or threatened breach of the foregoing undertakings, in addition to any other legal remedies that may be available. Agency acknowledges and agrees that the covenants contained herein are necessary for the protection of the legitimate business interest of County and are reasonable in scope and content.
- E. Agency in providing all services hereunder agrees to abide by the provisions of any applicable Federal or State Data Privacy Act.
- F. Agency expressly acknowledges that County is subject to the Texas Public Information Act, TEX. GOV'T CODE ANN. §§ 552.001 *et seq.*, as amended, and notwithstanding any provision in the Agreement to the contrary, County will make any information related to the Agreement, or otherwise, available to third parties in accordance with the Texas Public Information Act. Any proprietary or confidential information marked as such provided to County by Agency shall not be disclosed to any third party, except as directed by the Texas Attorney General in response to a request for such under the Texas Public Information Act, which provides for notice to the owner of such marked information and the opportunity for the owner of such information to notify the Attorney General of the reasons why such information should not be disclosed. The terms and conditions of the Agreement are not proprietary or confidential information.

#### VIII. INSPECTION OF BOOKS AND RECORDS

Agency will permit County, or any duly authorized agent of County, to inspect and examine the books and records of Agency for the purpose of verifying the amount of work performed under this Agreement. County's right to inspect survives the termination of this Agreement for a period of four years.

#### IX. TIME OF PERFORMANCE

This Agreement shall remain in effect through December 31, 2016.

#### X. LIABILITY

**AS PERMITTED BY LAW, AGENCY SHALL INDEMNIFY AND DEFEND COUNTY AGAINST ALL LOSSES, LIABILITIES, CLAIMS, CAUSES OF ACTION, AND OTHER EXPENSES, INCLUDING REASONABLE ATTORNEYS FEES, ARISING FROM ACTIVITIES OF AGENCY ITS AGENTS,**

**SERVANTS OR EMPLOYEES, PERFORMED UNDER THIS AGREEMENT THAT RESULT FROM THE NEGLIGENT ACT, ERROR, OR OMISSION OF AGENCY OR ANY OF AGENCY'S AGENTS, SERVANTS OR EMPLOYEES.**

**XI. NOTICE**

- A. Each party giving any notice or making any request, demand, or other communication (each, a "Notice") pursuant to this Agreement shall do so in writing and shall use one of the following methods of delivery, each of which, for purposes of this Agreement, is a writing: personal delivery, registered or certified mail (in each case, return receipt requested and postage prepaid), or nationally recognized overnight courier (with all fees prepaid).
- B. Each party giving a Notice shall address the Notice to the receiving party at the address listed below or to another address designated by a party in a Notice pursuant to this Section:

County: Mary desVignes Kendrick, M.D., MPH  
Director, Health & Human Services  
4520 Reading Rd. Ste. A  
Rosenberg, TX 77471  
Office: 281-238-3519  
Cell: 832-473-3061  
Pager: 281-434-6494  
[md.kendrick@fortbendcountytexas.gov](mailto:md.kendrick@fortbendcountytexas.gov)

With a copy to: Fort Bend County  
Attn: County Judge  
401 Jackson Street  
Richmond, Texas 77469

Agency: Carol V. Edwards  
Chief Executive Officer  
Access Health  
400 Austin Street  
Richmond, TX 77469

- C. Notice is effective only if the party giving or making the Notice has complied with subsections C.1 and C.2 and if the addressee has received the Notice. A Notice is deemed received as follows:
1. If the Notice is delivered in person, or sent by registered or certified mail or a nationally recognized overnight courier, upon receipt as indicated by the date on the signed receipt.
  2. If the addressee rejects or otherwise refuses to accept the Notice, or if the Notice cannot be delivered because of a change in address for which no Notice was given, then upon the rejection, refusal, or inability to deliver.

## **XII. INSURANCE**

- A. Prior to commencement of the Services, Agency shall furnish County with properly executed certificates of insurance which shall evidence all insurance required and provide that such insurance shall not be canceled, except on 30 days' prior written notice to County. Agency shall provide certified copies of insurance endorsements and/or policies if requested by County. Agency shall maintain such insurance coverage from the time Services commence until Services are completed and provide replacement certificates, policies and/or endorsements for any such insurance expiring prior to completion of Services. Agency shall obtain such insurance written on an Occurrence form from such companies having Bests rating of A/VII or better, licensed or approved to transact business in the State of Texas, and shall obtain such insurance of the following types and minimum limits:
1. Workers' Compensation insurance. Substitutes to genuine Workers' Compensation Insurance will not be allowed. Employers' Liability insurance with limits of not less than \$1,000,000 per injury by accident, \$1,000,000 per injury by disease, and \$1,000,000 per bodily injury by disease.
  2. Commercial general liability insurance with a limit of not less than \$1,000,000 each occurrence and \$2,000,000 in the annual aggregate. Policy shall cover liability for bodily injury, personal injury, and property damage and products/completed operations arising out of the business operations of the policyholder.
  3. Business Automobile Liability insurance with a combined Bodily Injury/Property Damage limit of not less than \$1,000,000 each accident. The policy shall cover liability arising from the operation of licensed vehicles by policyholder.
  4. Professional Liability insurance with limits not less than \$1,000,000.
- B. County and the members of Commissioners Court shall be named as additional insured to all required coverage except for Workers' Compensation. All Liability policies including Workers' Compensation written on behalf of Agency shall contain a waiver of subrogation in favor of County and members of Commissioners Court.
- C. If required coverage is written on a claims-made basis, Agency warrants that any retroactive date applicable to coverage under the policy precedes the effective date of the contract; and that continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning from the time that work under the Agreement is completed.

## **XIII. GOVERNING LAW; VENUE**

The laws of the State of Texas govern all disputes arising out of or relating to this Agreement. The parties hereto acknowledge that venue is proper in Fort Bend County, Texas, for all legal actions or proceedings arising out of or relating to this Agreement and waive the right to sue or be sued elsewhere. Nothing in the Agreement shall be construed to waive the County's sovereign immunity.

#### **XIV. COMPLIANCE WITH LAWS**

Agency shall comply with all federal, state, and local laws, statutes, ordinances, rules and regulations, and the orders and decrees of any courts or administrative bodies or tribunals in any matter affecting the performance of this Agreement, including, without limitation, Worker's Compensation laws, minimum and maximum salary and wage statutes and regulations, licensing laws and regulations. When required by County, Agency shall furnish County with certification of compliance with said laws, statutes, ordinances, rules, regulations, orders, and decrees above specified.

#### **XV. PUBLICITY**

Agency may not undergo publicity including contact with residents of Fort Bend County, media outlets, or other governmental agencies with regard to services rendered under this Agreement without the express written permission of County, except where required to do so by law.

#### **XVI. CONFLICT**

Any provision of this Agreement later found to be in conflict with federal law or regulation, or invalidated by a court of competent jurisdiction, shall be considered inoperable and/or superseded by that law or regulation. Any provision found inoperable is severable from this Agreement, and the remainder of the Agreement shall remain in full force and effect.

#### **XVII. WAIVER**

A waiver by either party of a breach of this Agreement by the other party does not constitute a continuing waiver or a waiver of any subsequent breach of the Agreement.

#### **XVIII. ASSIGNMENT**

Neither party may assign any of its rights under this Agreement, except with the prior written consent of the other party. That party shall not unreasonably withhold its consent. All assignments of rights are prohibited under this Section, whether they are voluntarily or involuntarily, by merger, consolidation, dissolution, operation of law, or any other manner.

#### **XIX. MODIFICATION**

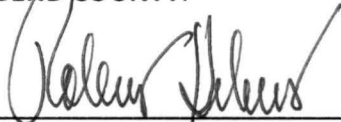
This Agreement may be modified or amended only with the written agreement of each of the parties.

#### **XX. ENTIRETY**

This Agreement, along with any amendments hereto, encompasses the entire agreement of the parties, and supersedes all previous understandings and agreements between the parties, whether oral or written.

Both parties to this Collaboration Agreement hereby agree to any and all provisions as stipulated above.

**FORT BEND COUNTY:**

  
Robert E. Hebert, County Judge

August 2, 2016  
Date

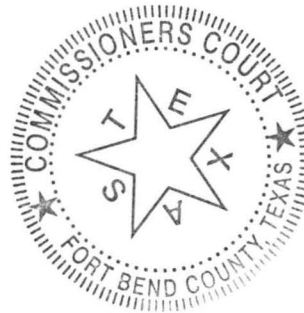
**ACCESS HEALTH:**

  
Carol V. Edwards, Chief Executive Officer

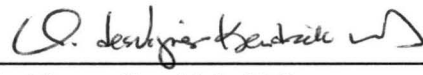
6/30/16  
Date

**ATTEST:**

  
Laura Richard, County Clerk



**REVIEWED BY:**

  
M. desVignes-Kendrick, M.D.  
Director, Fort Bend County Health & Human Services

07/06/2016  
Date

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:  
2016-78115

Date Filed:  
06/29/2016

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

AccessHealth  
Richmond, TX United States

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

Fort Bend County

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

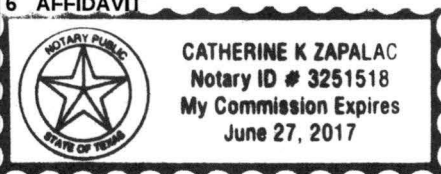
2016 Agreements\HHS\HIV Collab  
Collaboration Agreement Between Fort Bend County and AccessHealth Regarding Continuum Of Care For HIV/AIDS Treatment and Pre-Exposure Prophylaxis

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Fort Bend Family Health Center, Inc	Richmond, TX United States	X	

5 Check only if there is NO Interested Party.

**6 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Carol V Edwards  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carol V. Edwards, this the 29th day of June, 2016, to certify which, witness my hand and seal of office.

Catherine K. Zapalac  
Signature of officer administering oath

Catherine K. Zapalac  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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AccessHealth  
 Richmond, TX United States

**Certificate Number:**  
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**Date Filed:**  
 06/29/2016

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

Fort Bend County

**Date Acknowledged:**  
 08/02/2016

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

2016 Agreements\HHS\HIV Collab  
 Collaboration Agreement Between Fort Bend County and AccessHealth Regarding Continuum Of Care For HIV/AIDS Treatment and Pre-Exposure Prophylaxis

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Fort Bend Family Health Center, Inc	Richmond, TX United States	X	

**5 Check only if there is NO Interested Party.**

**6 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

\_\_\_\_\_  
 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath