Memorandum of Understanding

(MOU)

This Memorandum of Understanding is entered into this the 7th day of January, 2019, between the Karen S. Bennett-Baker, DNP APN NNP/SHP (Provider) and the Lake Cumberland District Health Department.

Recitals

WHEREAS, Lake Cumberland District Health Department, will provide Hepatitis A Vaccine to Karen S. Bennett-Baker (Provider name); and

WHEREAS, the Lake Cumberland District Health Department wishes to collaborate with Karen S. Bennett-Baker (Provider name) to enhance its ability to respond to the Hepatitis A outbreak in Kentucky.

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

The Provider Agrees:

a. To request vaccine according to the number of identified, uninsured inmates.

b. To assume responsibility of vaccinating those individuals identified above by the Provider's trained staff, with no liability assumed by the Lake Cumberland District Health Department.

c. To vaccinate per established medical protocols by the administering provider under the supervision of licensed medical personnel.

d. To not charge individuals for LCDHD provided vaccine.

e. To maintain accurate vaccine (inventory) given and then provide those records to Lake Cumberland District Health Department on a weekly basis.

f. To monitor the refrigerator temperature twice a day and document with attached form. To maintain the vaccine at appropriate temperature (36° -46° F) at all time until used. To notify the LCDHD if temperatures are out of range.

g. To inventory and secure any unused vaccines until a time Lake Cumberland District Health Department can make arrangements for retrieval.

h. To ensure all nurses have received training in vaccine storage.
The Lake Cumberland District Health Department Agrees:

a. To provide a refrigerator with temperature monitoring equipment and train staff on the use of this device. To provide pre-event planning and technical assistance.

b. To, conditionally, ensure delivery/availability of the appropriate amount of vaccine in a reasonable, timely manner

c. To provide the Provider with consultation and assistance as needed, and available for the given Hepatitis A Outbreak.

d. To make arrangements to retrieve any unused vaccines.

The Provider and the Lake Cumberland District Health Department Mutually Agree:

a. The confidentiality of patients and patient information will be maintained as written and enforced by the Health Insurance Portability and Accountability Act (HIPAA).

b. This Memorandum may be amended or terminated by mutual agreement of both parties at any time and may be terminated by either party upon 30 day notice in writing to the other party.

c. This Memorandum shall not supersede any laws, rules or policies of either party.

d. It is understood that the Provider’s participation is completely voluntary.

e. Both parties will be aware that the refrigerator is the property of the LCDHD and will be returned to such in the event that the Provider does not comply with agreements a-h

SIGNATURES

My signature indicates agreement with the above stated agreements and conditions:

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<tr>
<th>Health Department Chief Officer</th>
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Provider Representative Date

Provider Representative Date