



**Health & Human Services  
Agency  
COUNTY OF TULARE  
AGENDA ITEM**

**BOARD OF SUPERVISORS**

ALLEN ISHIDA  
District One

PETE VANDER POEL  
District Two

PHILLIP A. COX  
District Three

J. STEVEN WORTHLEY  
District Four

MIKE ENNIS  
District Five

**AGENDA DATE:** September 10, 2013

Public Hearing Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Published Notice Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Advertised Published Notice	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Meet & Confer Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Electronic file(s) has been sent	Yes	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Personnel Resolution attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
CONTACT PERSON: Cathy Volpa    PHONE: 624-8000				

**SUBJECT:** Approval of an agreement with the California Department of Public Health for the California HIV/AIDS Case Reporting System Data Use and Disclosure.

**REQUEST(S):**  
That the Board of Supervisors:

1. Approve an agreement with the California Department of Public Health for the California HIV/AIDS Case Reporting System Data Use and Disclosure, for a term of one (1) year from the date of signing; and
2. Authorize the Chairman of the Board to sign five (5) copies of the agreement.

**SUMMARY:**  
The California HIV/AIDS Case Reporting System Data Use and Disclosure agreement sets forth the information privacy and security requirements that Tulare County is obligated to follow with respect to all HIV/AIDS Case Reporting System Data, and other personal and confidential information disclosed to Tulare County by the California Department of Public Health (CDPH).

This agreement covers Protected Data in any medium (paper, electronic, oral) the Protected Data exists in. Through the agreement the CDPH and Tulare County desire to protect the privacy and provide security of all Protected Data, in compliance with all State and Federal Laws applicable to Protected Data.

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Tulare County IT Department has reviewed this Agreement, and found no reasons for not moving forward with it. We would like to bring to the Board's attention the following items that deviate from County Contract Protocol: 1) Either party may terminate with 30 days notice without cause. CDPH may also terminate with 30 days notice if County does not enter into a proposed amendment or enter into negotiations for a proposed amendment; 2) County must indemnify CDPH; 3) Indemnification includes attorney's fees; and 4) County must sign first.

**FISCAL IMPACT/FINANCING:**

None. There is no funding associated with this agreement.

**LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:**

The County's five-year strategic plan includes the Organizational Performance initiative that provides state-of-the-art technology and infrastructure to support better service delivery. This agreement increases the ability to fulfill this obligation through providing for the privacy and security requirements associated with HIV/AIDS Case Reporting System Data.

**ADMINISTRATIVE SIGN-OFF:**

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Jason T. Britt  
Director of Public Health

Cc: Auditor-Controller  
County Counsel  
County Administrative Office (2)

Attachment(s) Agreement

**BEFORE THE BOARD OF SUPERVISORS  
COUNTY OF TULARE, STATE OF CALIFORNIA**

IN THE MATTER OF APPROVAL OF AN )  
AGREEMENT WITH THE CALIFORNIA ) Resolution No. \_\_\_\_\_  
DEPARTMENT OF PUBLIC HEALTH FOR ) Agreement No. \_\_\_\_\_  
THE CALIFORNIA HIV/AIDS CASE )  
REPORTING SYSTEM DATA USE AND )  
DISCLOSURE )

UPON MOTION OF SUPERVISOR \_\_\_\_\_, SECONDED BY  
SUPERVISOR \_\_\_\_\_, THE FOLLOWING WAS ADOPTED BY THE  
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD \_\_\_\_\_  
\_\_\_\_\_, BY THE FOLLOWING VOTE:

AYES:  
NOES:  
ABSTAIN:  
ABSENT:

ATTEST: JEAN M. ROUSSEAU  
COUNTY ADMINISTRATIVE OFFICER/  
CLERK, BOARD OF SUPERVISORS

BY: \_\_\_\_\_  
Deputy Clerk

\* \* \* \* \*

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2. Authorized the Chairman of the Board to sign five (5) copies of the agreement.