

# Three Rivers District Health Department & Home Health Agency

510 South Main Street  
Owenton, Kentucky 40359  
PH: (502) 484-3412  
FAX: (502) 484-0864

May 10, 2012

John Leep  
Carroll County Board of Education  
813 Hawkins Street  
Carrollton, KY 41008

Dear Mr. Leep,

Please find enclosed two copies of the current fiscal year 2012-2013 Service Agreements. Please sign both copies and return copy in the enclosed return envelope addressed to the attention of Brittany Noe. Additionally, copies of the health department voucher for services form and information regarding the vaccines are enclosed.

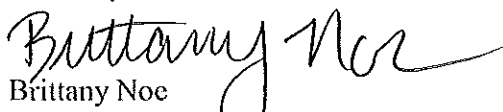
- Services provided at the health department require a voucher to be presented by the employee from their respective agency at the time of service(s).
- If an employee presents for a service without a TRDHD voucher for services from their employer, the service(s) may be declined.

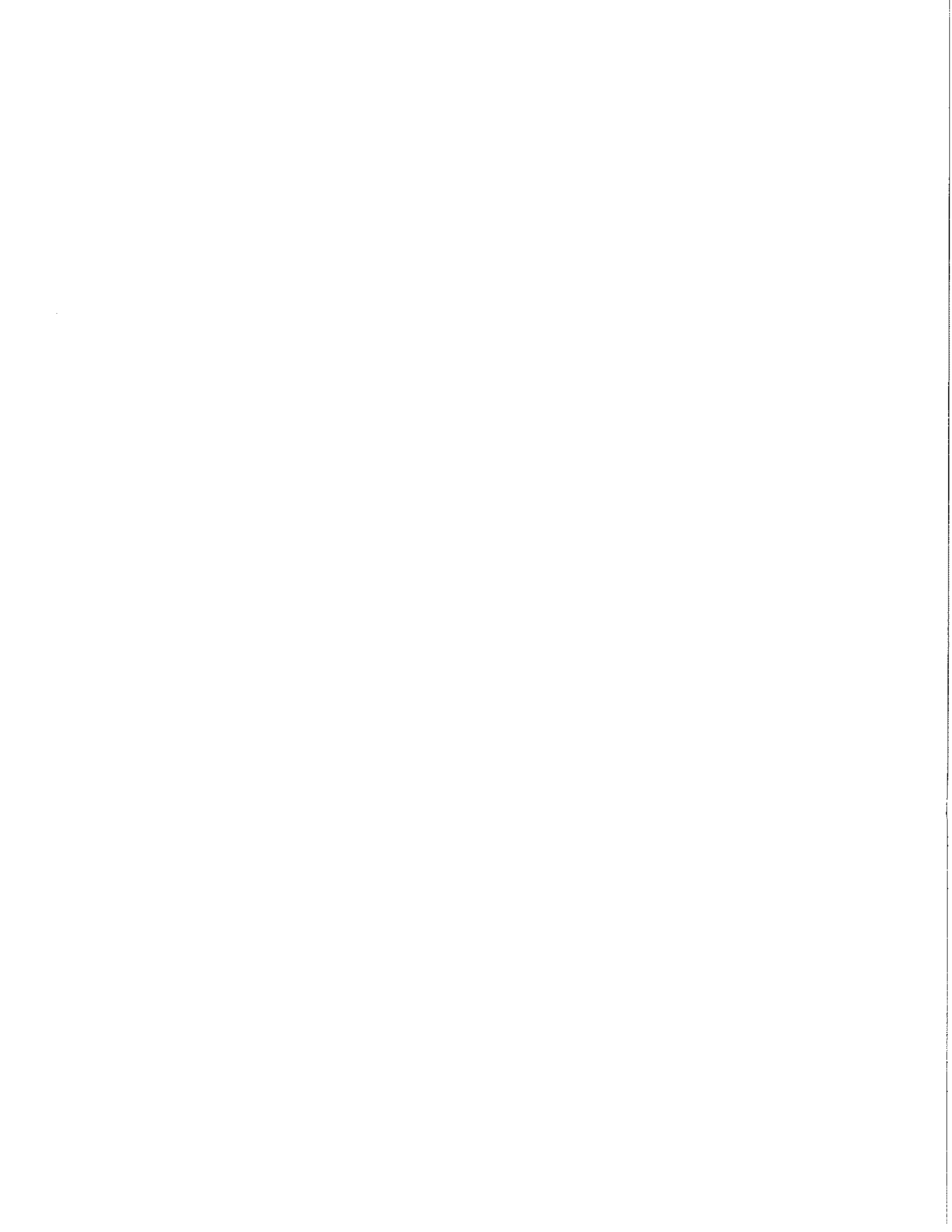
Three Rivers District Health Department will administer the contracted services at your agency, another designated site, or employees may go to the local health department.

- To schedule the off-site services, please contact Denise Bingham or Debbie Jones at (502) 484-3412.
- For employees who will be **presenting at the health department** for services, please contact the local health department in your county; Carroll Co. (502) 732-6641, Gallatin Co. (859) 567-2844, Owen Co. (502) 484-5736, Pendleton Co. (859) 654-6985.
- For **questions about the Agreement**, please contact Brittany Noe or Michelle Wilburn at (502) 484-3412.

*Also available will be post vaccination serologic testing for immunity following Hepatitis B vaccines. This will include a blood draw (Hepatitis B surface antigen) that will be sent to a contracted lab for actual testing. The service will be available for \$25.00 per employee. The post testing will be performed two (2) months after the third dose of Hepatitis B vaccine is administered.*

Sincerely,

  
Brittany Noe  
Administrative Coordinator



# THREE RIVERS DISTRICT HEALTH DEPARTMENT

510 South Main Street Owenton, KY 40359 Ph# (502) 484-3412 Fax (502) 484-0864

Carroll Co. Health Center  
401 11<sup>th</sup> Street  
Carrollton, KY 41008  
Ph# (502) 732-6641  
Fax (502) 732-6642

Gallatin Co. Health Center  
204 Franklin Street, PO Box 315  
Warsaw, KY 41095  
Ph# (859) 567-2844  
Fax (859) 567-2845

Owen Co. Health Center  
1005 Hwy 22E  
Owenton, KY 40359  
Ph# (502) 484-5736  
Fax (502) 484-5737

Pendleton Co. Health Center  
329 Hwy 330W  
Falmouth, KY 41040  
Ph# (859) 654-6985  
Fax (859) 654-6986

## VOUCHER FOR SERVICES (FY 12-13)

PATIENT NAME: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE SERVICE PROVIDED: \_\_\_\_\_

*(to be completed by health department staff)*

This voucher indicates that this individual is entitled to receive the following service(s) at THREE RIVERS DISTRICT HEALTH DEPARTMENT.

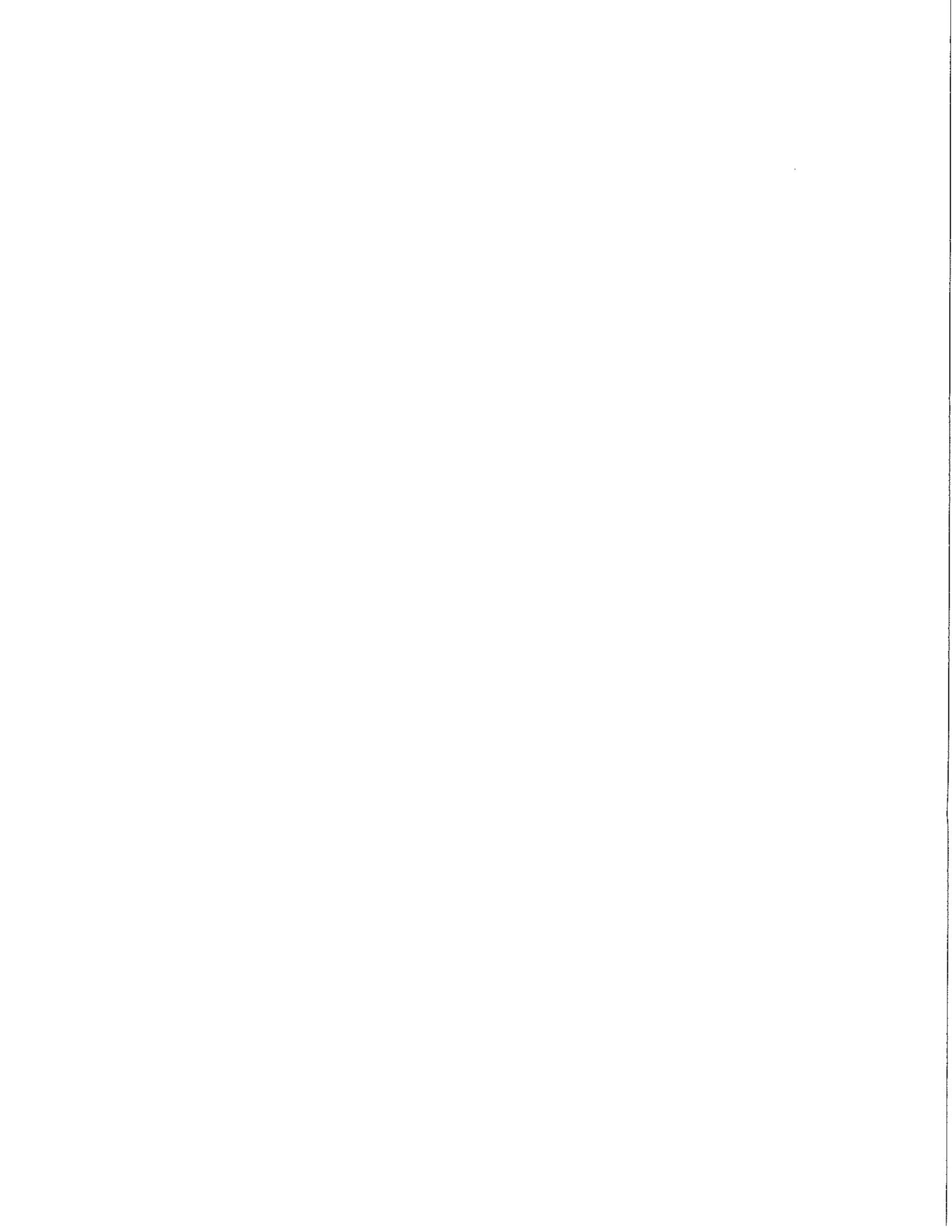
*check all that apply:*

X	SERVICE DESCRIPTION	CONTRACTED RATE <small>(do not charge employee)</small>
	Hepatitis A Vaccine	\$ 60.00
	Hepatitis B Vaccine	60.00
	Tetanus-diphtheria Vaccine (Td)	35.00
	Measles/Mumps/Rubella (MMR)	66.00
	TB Assessment (no TB skin test)	20.00
	TB Assessment (with TB skin test)	25.00
	Influenza Vaccine (Flu Shot)	25.00
	Hepatitis B Titer	60.00
	Other (specify) _____	

The employer listed below will assume responsibility for payment of the services to the health department. Invoices for services will be billed monthly to the agency listed below.

EMPLOYER  
NAME: \_\_\_\_\_  
EMPLOYER  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Authorizing this Service



CONTRACT CODE 19

THIS CONTRACT, between CARROLL COUNTY BOARD OF EDUCATION

**(First Party)**

813 HAWKINS STREET  
CARROLLTON, KY 41008

and

THREE RIVERS DISTRICT HEALTH DEPARTMENT  
Health Department

**(Health Department)**

510 S. MAIN STREET  
OWENTON, KY 40359

is effective July 1, 2012 and ends June 30, 2013.

**WITNESSETH THAT:**

The Health Department agrees to perform the following services:

1. To administer any of the following: Hepatitis A vaccine, Hepatitis B vaccine, Tetanus-diphtheria (Td), PPD (Mantoux TB skin test) or flu shots, or other services as mutually agreed upon by both parties at rates agreed upon by both parties, to designated employees of the First Party;
2. To receive from the First Party a list of employees authorized for specific services or provide a completed Three Rivers District Voucher for Services form;
3. To provide informed consent forms for the above mentioned vaccines and tests and provide answers to all questions prior to administering the service;
4. To provide the agreed services at the Pendleton County Health Center or another designated site;
5. To document all medical information and with a signed release provide this information to the First Party;
6. To ensure confidentiality of all medical services provided;

- 7. To bill the First Party as follows:

Hepatitis A Vaccine	\$60.00 per dose
Hepatitis B Vaccine	60.00 per dose
Tetanus-diphtheria (Td)	35.00
Measles, Mumps, Rubella (MMR)	66.00
TB Assessment (no TB skin test)	20.00
TB Assessment (skin test & reading)	25.00
Seasonal Flu Shots	25.00
  
- 8. To provide all services in accordance to the Administrative References for Local Health Departments in Kentucky, Kentucky Public Health Practice Reference, Three Rivers District Policies & Procedures, state and federal laws;
  
- 9. To promise that services are provided by qualified/certified employees or agents of the health department.

The First Party agrees to abide by the rules and regulations regarding the confidentiality of personal medical records as mandated by the Health Insurance Portability and Accountability Act (42 USC 1320d) and set forth in federal regulations at 45 CFR Parts 160 and 164.

The First Party agrees to comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.) and all implementing regulations and executive orders. No person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in relation to activities carried out under this contract on the basis of race, color, age, religion, sex, disability or national origin. This includes the provision of language assistance services to individuals of limited English proficiency seeking and/or eligible for services under this contract.

**Section 601 of Title VI of the Civil Rights Act of 1964, (42 U.S.C. 2000d)**, provides that no person shall "on the ground of race, color or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

In 1974 the Supreme Court (Lau v. Nichols, 414 U.S. 563) interpreted regulations promulgated by the former Department of Health, Education and Welfare (HHH's predecessor), 45 CFR 80.3 (b) (2), to hold that Title VI prohibits conduct that has a disproportionate effect on **Limited English Proficient (LEP) persons** because such conduct constitutes national-origin discrimination. On August 11, 2000, **Executive Order 13166** was issued, "Improving Access to Services for Persons with Limited English Proficiency (LEP)."

- 1) For the services described in this contract, the First Party agrees to pay the Health Department in the following manner, monthly within thirty (30) days, payable upon receipt of appropriate billing.
- 2) The total payments made under the terms of this contract shall not exceed \$5,000.00.
- 3) Contracts of \$10,000 or greater shall not become effective until the Department for Public Health has reviewed the contract as evidenced by the signature of an authorized officer of the Department for Public Health on the attached Contractor Information Page. (ALL contracts regardless of amount are to be maintained by the health department.)
- 4) The Parties to this contract agree to comply with Section 504 of the Rehabilitation Act of 1973, (P.L. 93-112) and the Kentucky Equal Employment Act of 1978 (H.B. 683) KRS 45.550 to 45.640, and Americans with Disabilities Act, (ADA), (P.L. 101-336).
- 5) The Health Department certifies that no constitutional, statutory, common law, or regulation adopted by the Cabinet for Health and Family Services pertaining to conflict of interest will be violated by this contract.
- 6) Either Party shall have the right to terminate this contract at any time upon 30 days written notice to the other Party.

**FIRST PARTY:**

\_\_\_\_\_  
 (SIGNATURE OF AUTHORIZED AGENT)  
 CARROLL COUNTY BOARD OF EDUCATION

\_\_\_\_\_  
 Date

**HEALTH DEPARTMENT:**

\_\_\_\_\_  
 (SIGNATURE OF AUTHORIZED AGENT)  
 THREE RIVERS DISTRICT HEALTH DEPARTMENT

\_\_\_\_\_  
 Date