

790 Governor Carlos Camacho Road Tamuning, Guam 96913

REQUEST FOR PROPOSAL Professional Services

Providing Twenty-Four (24) Hour Level II Residential and Support Services for Adults with Severe/Serious mental Illness

GBHWC RFP 07-2018

AMENDMENT NO. 2

To: All Prospective Offerors

The above numbered and described solicitation is amended as set forth below:

Sample Business Associate Agreement Provisions, GBHWC RFP Form D, Page 63 of 101

Addition: Acknowledgement of Receipt, therefore Page 63 will contain a section for acknowledgement of the sample business associate agreement as attached hereto that requires the signature of the offeror or official.

Except as provided herein, all terms and conditions of the document referenced in the solicitation number above remain unchanged and in full force and effect.

Rey M. **√e**ga

August 22, 2018

- disclosure of the protected health information, other than as provided for in this Section, for as long as business associate retains the protected health information;
- 4. Not use or disclose the protected health information retained by business associate other than for the purposes for which such protected health information was retained and subject to the same conditions set out at [Insert section number related to paragraphs (e) and (f) above under "Permitted Uses and Disclosures By Business Associate"] which applied prior to termination; and
- Return to covered entity [or, if agreed to by covered entity, destroy] the protected health information retained by business associate when it is no longer needed by business associate for its proper management and administration or to carry out its legal responsibilities.

[The agreement also could provide that the business associate will transmit the protected health Information to another business associate of the covered entity at termination, and/or could add terms regarding a business associate's obligations to obtain or ensure the destruction of protected health information created, received, or maintained by subcontractors.]

(d) <u>Survival</u>. The abligations of business associate under this Section shall survive the termination of this Agreement.

Miscellaneous [Optional]

- (a) [Optional] <u>Regulatory References</u>. A reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended.
- (b) [Optional] <u>Amendment</u>. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law.
- (c) [Optional] <u>Interpretation</u>. Any ambiguity in this Agreement shall be interpreted to permit compliance with the HIPAA Rules.

Acknowledgment of Receipt of Sample Business Associates Agreement Provisions (Published January 25, 2013 by Department of Health and Human Services).

The undersigned certifies it has received a copy and agrees to its terms if applicable to the offeror or 3rd party engagements.

Name of Official	Signature	Date

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This page part of Form D (Page 63 of 101) must be signed and submitted with the proposal.



790 Governor Carlos Camacho Road Tamuning, Guam 96913

REQUEST FOR PROPOSAL

Professional Services
Providing Twenty-Four (24) Hour Level II Residential, Therapeutic and Operational Services Program for Adults with
Co-occurring Disabilities of Serious Mental Illness and
Mild-to-Moderate Intellectual Disabilities

ACKNOWLEDGEMENT RECEIPT

GBHWC RFP 07-2018

AMENDMENT NO. 2

The party identified below is a registered interested party and/or potential offeror for a request for proposal identified above.

Such party acknowledges receipt of the amendment identified hereinabove, and further understands that said amendment must be included as part of the proposal offer.

Received and submitted by:

Name	
Title	
Company/Organization	
Date	

This acknowledgment receipt may be emailed to <u>marilyn.aflague@gbhwc.guam.gov</u>; faxed to (671) 649-6948 or included in the proposal offer.