2024 MEDI-CAL PRIVACY AND SECURITY AWARENESS AGREEMENT COMPLIANCE AND CONFIDENTIALITY ACKNOWLEDGEMENT

GENERAL INFORMATION:

You have entered into a contract with the County of Los Angeles, which incorporates the requirements of the 2024 Medi-Cal Privacy and Security Awareness Agreement (PSA). The PSA is a non-financial agreement between the County and the Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS) for the two-year term effective from October 1, 2024 through July 31, 2026, including any subsequent amendments required by DHCS, CDSS, or applicable law.

This Agreement applies to all contractors as well as any Los Angeles County Departments that are subject to the PSA requirements, ensuring compliance across all relevant County entities.

ACKNOWLEDGEMENT:

I also acknowledge that I have read the 2024 Medi-Cal PSA available via the link provided by the County. By signing this document, I confirm that I have reviewed the PSA and will comply with all the terms and conditions specified therein regarding the protection and proper handling of Medi-Cal and other confidential information.

I understand that failure to comply with this acknowledgment may result in adverse actions, up to and including inactivity of my contract.

CONFIDENTIALITY AGREEMENT:

I acknowledge that as part of the 2024 Medi-Cal PSA, I may have access to confidential data and information concerning health and welfare recipients covered by Medi-Cal programs. This confidential information must be protected according to the County's legal obligations.

By signing this agreement, I agree to the following terms:

1. I will not disclose any confidential information or data obtained during my performance of work under this contract to any unauthorized persons.
2. I will forward any requests for the release of confidential data or information to my immediate County contact for appropriate action.
3. I will protect the confidentiality and privacy of all health, criminal, and welfare recipient records as required under the PSA.

4. I will ensure that all confidential data is safeguarded against unauthorized access and disclosure in accordance with applicable laws, the 2024 Medi-Cal PSA, and County policies.
5. I agree to report any breaches or violations of this 2024 Medi-Cal PSA to my immediate County contact immediately upon discovery.
6. Upon completion of the contract or my services under it, whichever comes first, I agree to return all confidential materials to my immediate County contact.

Failure to acknowledge the PSA within the specified timeframe may result in consequences, including, but not limited to, inactivity of work under the contract until compliance is met or potential termination of the contract.

On this _____ day of _____, 20____, the Board of Supervisors of the County of Los Angeles has caused this amendment to be subscribed on its behalf by the director of the Department of Public Social Services or their designee, and the Contractor has caused the same to be subscribed through its authorized officers. The Contractor warrants that the person executing this Amendment are authorized agents who have actual authority to bind the contract.

Contract Name: _____

Contract Number: _____

Printed Name of Authorized Representative: _____

Signature: _____