

MEMORANDUM OF AGREEMENT

between

WEBER-MORGAN HEALTH DEPARTMENT

and

WEBER COUNTY SHERIFF'S OFFICE

This agreement is made and entered into this 01 day of May 2023 and between WEBER-MORGAN HEALTH DEPARTMENT ("WMHD") and WEBER COUNTY SHERIFF'S OFFICE ("EMPLOYER"). WMHD and EMPLOYER may sometimes jointly be referred to herein as "PARTIES".

WITNESSETH

WHEREAS, WMHD has been approved to provide the select services on Attachment A

WHEREAS, EMPLOYER requires WMHD services and is requesting services to be billed on a monthly basis.

NOW, THEREFORE, in consideration of the mutual promises, covenants, and conditions hereinafter set for the, the PARTIES hereby agree as follows:

EMPLOYER will:

- Provide employees who are seeking immunizations or other health-related care with a voucher that will be submitted to WMHD at the time of service. EMPLOYER Authorized Services are listed in ATTACHMENT A.
- Provide up-to-date Accounts Payable information for billing purposes.
- Pay invoices in a timely manner.

WMHD will:

- Provide services to the patient submitting a voucher, provided by the EMPLOYER, to the extent possible.
- Invoice EMPLOYER monthly, for services provided in the previous month.
- Notify the EMPLOYER of any price updates to services.

CHANGES TO AGREEMENT:

This agreement may be modified only by written amendment signed by duly authorized representatives of each party.

TERM:

This agreement shall become effective immediately until terminated by either party as provided for in this agreement.

TERMINATION:

WMHD may terminate the agreement for default of agreement by EMPLOYER by giving written notice to EMPLOYER at least thirty (30) days prior to the desired date of termination. Either party may terminate the agreement without cause by giving written notice at least thirty (30) days prior to the desired date of termination.

LAWS OF UTAH:

This agreement shall be interpreted, governed by and enforced according to the internal laws of the State of Utah, which the PARTIES shall agree will be the forum for any legal proceedings arising from or incident to this agreement.

NOTICES:

Any notices required in connection with the agreement shall be sent to the following:

EMPLOYER

Name: _____
Address: _____

Phone: _____
Email: _____

WMHD

Brian Cowan, Health Officer/Director
Weber-Morgan Health Department
477 23rd Street
Ogden, Utah 84401-1507

IN WITNESS WHEREOF: the parties have executed this Agreement as of the day and year cited above.

By: _____
Authorized Employer Name

By: _____
Brian Cowan, M.P.H., LEHS.

ATTACHMENT A

List of authorized services for **WEBER COUNTY SHERIFF'S OFFICE**:

- HEP B
- BASELINE SCREENING (HIGH/LOW RISK, TST OR IGRA)