

MEMORANDUM OF UNDERSTANDING BETWEEN

Gordon County Board of Health (DPH) (Party A)

AND

Gordon County Senior Center (Party B)

FOR

COVID-19 Drive Through Testing Site

WHEREAS, this Memorandum of Understanding (MOU) is made and entered into by and between **Gordon County Board of Health (DPH)** (hereinafter referred to as "**Party A**") and **Gordon County Senior Center** (hereinafter referred to as "**Party B**");

WHEREAS, it is the purpose of this MOU to acknowledge the intent for Party B to provide access to facility and portico for testing at 150 Cambridge Court, Calhoun, GA 30701.

NOW, THEREFORE, in consideration of the mutual covenants herein set forth, it is agreed by and between the parties hereto as follows:

A. DUTIES OF PARTY A:

1. Designate two points of contact (POC):

Primary point of contact:

Name:	Lisa Crowder, RN	Title:	County Nurse Manager
Phone:	706-331-8646	Alt. #:	706-263-4750-C; 706-232-3735-H
Alternate:	April Harkins	Title:	Customer Service Rep. Supervisor
Phone:	706-263-2119	Alt. #:	706-263-8614-C; 706-625-5338-H

2. All testing will be performed outside the facility under the portico.
3. Nurses or Medical professionals who are performing the tests are the only people who will be allowed to enter the building.
4. Testing is scheduled for:
 - Tuesdays 8 am to 5 pm
 - Wednesdays 8 am to 5 pm
 - 1st Saturday of each month from 8 am to 5 pm beginning October 3rd.
 - (Times are subject to change depending on need.)*

5. DPH will appropriately clean/sanitize their work area at the end of each shift.
6. DPH is responsible for all staff working the testing site.

B. DUTIES OF PARTY B:

1. Designate two points of contact in case of emergency:

Name: Ann Bradford
Phone: 706-263-5260

Title:
Alt. #: 706-629-7928

Alternate: James Ledbetter
Phone: 706-629-3795

Title: County Administrator
Alt. #:

2. Party B agrees to provide secure storage inside facility for supply lock box, tables, chairs etc.
3. Party B and its employees/agents shall not be held responsible for any damages resulting from natural disasters, theft or vandalism of supply lock box, tables, chairs etc.
4. Party B agrees to notify Party A immediately should an unforeseen isolated event occur that could preclude testing at the site.

A. TERM & TERMINATION

1. This MOU shall be for the term September 1, 2020 thru June 30, 2021, unless terminated earlier under other provisions of this MOU.
2. Either party may terminate this MOU by providing the other with thirty (30) days prior written notice.

B. CONFIDENTIALITY REQUIREMENTS

1. The Parties to this MOU shall treat all information that is obtained or viewed by it or through its staff and subcontractors' performance under this MOU as confidential information and shall not use any information so obtained, in any manner, except as may be necessary for the proper discharge of its obligations.
2. The Parties to this MOU also agree to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its amendments, rules, procedures, and regulations.

C. NOTICE

All notices under this MOU shall be deemed duly given upon delivery, if delivered by hand, or three (3) calendar days after posting, if sent by registered or certified mail, return receipt requested, to a party hereto at the addresses set forth below or to such other address as a party may designate by notice pursuant hereto.

FOR PARTY A:
Lisa Crowder, RN
County Nurse Manager
Gordon County Health Department
310 N River Street NW
Calhoun, GA 30701

FOR PARTY B:
James Ledbetter
Gordon County Administrator
Gordon County Government (acting on behalf of Gordon Senior Center)
150 Cambridge Court
Calhoun, GA 30701

D. AMENDMENT IN WRITING

No amendment, waiver, termination or discharge of this MOU, or any of the terms or provisions hereof, shall be binding upon either Party unless confirmed in writing. Nothing may be modified or amended, except by writing executed by both Parties.

IN WITNESS WHEREOF, the Parties state and affirm that they are duly authorized to bind the respective entities designated below as of the day and year indicated.

PARTY A:

BY: Lisa Crowder RN
Lisa Crowder, RN
Nurse Manager
Gordon County Board of Health

DATE: 8/31/20

PARTY B:

BY: _____
James Ledbetter
Gordon County Administrator
Gordon County Government.

DATE: _____