

COUNTY OF SACRAMENTO

MOU NO. 7207600-23/26-108M

CONTRACT ANALYST: Lucy Stanley 875-3151

DHS MOU SUMMARY

CONTRACTOR'S NAME: State of California, California Highway Patrol

Subject of MOU: To provide Advance Life Support (ALS) services to residents of Sacramento County

Contract Term: June 1, 2023 through May 31, 2026

Maximum Payment to Contractor through this MOU: \$0.00

County Counsel Approval: Julia R. Jackson Date 5/23/23

County Counsel Approval Not Required: (Sacramento County Code Section)

Authorized by: 2016-0720, 2018-0057 (Sacramento County Resolution Number or County Code Section)

Tax Waiver Granted

Tax Waiver Denied

Standard MOU CA Agency MOU
Five or more employees letter on file

Non Standard MOU
Exhibit D

Risk Management has approved waiver to insurance requirements
Risk Management has approved indemnification modifications

This is a contract that must be reviewed and approved of County Counsel in accordance with Section 2.61.014 of the Sacramento County Code:

- 2.61.014 (a): Contract requires Board approval including but not limited to Section 71-J
2.61.014 (b): Contract approved in concept or otherwise authorized by Board with the exception of those reviewed from the prior fiscal year.
2.61.014 (c): Contract for services not previously provided by or to the department
2.61.014 (d): Contract does not utilize the standard format developed by County Counsel
2.61.014 (e): Contract with another governmental entity
2.61.014 (f): Contract involving an acquisition or grant of an interest in real property
2.61.014 (g): Contract requiring waiver of withholding
2.61.014 (h): Retroactive contracts

FISCAL SUMMARY

Fund Center: 7207600 G/L Account: 96969918 Order #: A76000

CONTRACTOR'S Federal Tax Identification Number: 94-2257827

COUNTY OF SACRAMENTO

MOU NO. 7207600-23/26-108M

**Memorandum of Understanding between
Sacramento County Department of Health Services and
State of California, California Highway Patrol**

THIS Memorandum of Understanding (MOU) is made and entered into as of this 1st day of June, 2023, by and between the COUNTY OF SACRAMENTO, a political subdivision of the State of California, hereinafter referred to as "COUNTY", and STATE OF CALIFORNIA, CALIFORNIA HIGHWAY PATROL, a State agency, hereinafter referred to as "CHP".

RECITALS

WHEREAS, COUNTY has mandated responsibility for medical control and establishing policies and procedures for the designation of advanced life support (ALS) SERVICE PROVIDERS within Sacramento County; and

WHEREAS, the Sacramento County Board of Supervisors approved Resolution Number 2016-0720 on September 27, 2016, authorizing the Department of Health and Human Services (DHHS) to execute two (2) year, zero dollar agreements with ALS providers meeting criteria for designation as a Sacramento County ALS Provider, and providing amendment authority for non-monetary changes, to terminate or to assign this agreement, and to extend up to one (1) year the agreement terms; and

WHEREAS, on February 6, 2018, the Sacramento County Board of Supervisors approved abolishing DHHS and created DHS effective March 18, 2018, and

WHEREAS, the Sacramento County Board of Supervisors approved Resolution Number 2018-0057 on February 6, 2018, delegating authority to the Deputy County Executive for the Social Services Agency (SSA) or designee, and the Deputy County Executive of the SSA delegated signature authority for contracts and contract amendments to the Director of DHS, and

WHEREAS, these policies, procedures and oversight include provisions requiring Emergency Medical Technicians and Paramedics to be affiliated with an ALS SERVICE PROVIDER in order to perform the scope of practice specified in Title 22, Division 9, Chapter 4, Article 2, Section 100145 & 100146 of the California Code of Regulations (CCR); and

WHEREAS, COUNTY AND CHP desire to enter into this MOU on the terms and conditions set forth herein.

NOW, THEREFORE, in consideration of the mutual promises hereinafter set forth, COUNTY and CONTRACTOR agree as follows:

I. SCOPE OF SERVICES

The roles and responsibilities of COUNTY and CHP are described in Exhibit A, which is attached hereto and incorporated herein.

II. TERM

This MOU shall be effective and commence as of the date first written above and shall end on May 31, 2026.

III. NOTICE

Any notice, demand, request, consent, or approval that either party hereto may or is required to give the other pursuant to this MOU shall be in writing and shall be either personally delivered or sent by mail, addressed as follows:

TO COUNTY

TO CHP

DIRECTOR
Department of Health Services
7001-A East Parkway, Suite 1000
Sacramento, CA 95823-2501

State of California, California Highway Patrol
601 North 7th Street
Sacramento, CA 95811

Either party may change the address to which subsequent notice and/or other communications can be sent by giving written notice designating a change of address to the other party, which shall be effective upon receipt.

IV. TERMINATION

- A. Either party may terminate this MOU without cause upon thirty (30) days' written notice to the other party. Notice shall be deemed served on the date of mailing. If notice of termination for cause is given by COUNTY to CHP and it is later determined that CHP was not in default or the default was excusable, then the notice of termination shall be deemed to have been given without cause pursuant to this paragraph (A).
- B. COUNTY may terminate this MOU for cause immediately upon giving written notice to CHP should CHP materially fail to perform any of the covenants contained in this MOU in the time and/or manner specified. In the event of such termination, COUNTY may proceed with the work in any manner deemed proper by COUNTY. If notice of termination for cause is given by COUNTY to CHP and it is later determined that CHP was not in default or the default was excusable, then the notice of termination shall be deemed to have been given without cause pursuant to paragraph (A) above.
- C. COUNTY may terminate or amend this MOU immediately upon giving written notice to CHP that funds are not available because: 1) Sufficient funds are not appropriated in COUNTY'S Adopted or Adjusted Budget; 2) the COUNTY is advised that funds are not available from external sources for this MOU or any portion thereof, including if distribution of such funds to the COUNTY is suspended or delayed; 3) if funds for the services and/or programs provided pursuant to this MOU are not appropriated by the State; 4) funds that were previously available for this MOU are reduced, eliminated and/or re-allocated by COUNTY as a result of budget or revenue reductions during the fiscal year.
- D. If this MOU is terminated under Paragraph A or C above, CHP shall only be paid for any service completed and provided prior to notice of termination. In the event of termination under paragraph A or C above, CHP shall be paid an amount which bears the same ratio to the total compensation authorized by the MOU as the services actually performed bear to the total services of CHP covered by this MOU, less payments of compensation previously made. In no event, however, shall COUNTY pay CHP an amount which exceeds a pro rata portion of the MOU total based on the portion of the MOU term that has elapsed on the effective date of the termination.
- E. CHP shall not incur any expenses under this MOU after notice of termination and shall cancel any outstanding expense obligations to a third party that CHP can legally cancel.

V. ADDITIONAL PROVISIONS

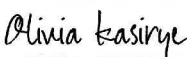
The additional provisions contained in Exhibits A, B, and C attached hereto are part of this MOU and are incorporated herein by reference.

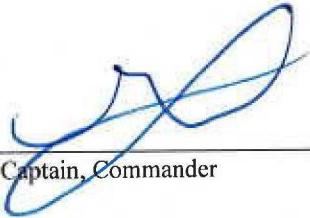
This MOU is a voluntary and does not create any legally binding rights or obligations and creates no legally cognizable or enforceable rights or remedies, legal or equitable, in any forum whatsoever.

IN WITNESS WHEREOF, the parties hereto have caused this MOU to be duly executed as of the day and year first written above.

COUNTY OF SACRAMENTO, a political subdivision of the State of California

STATE OF CALIFORNIA, CALIFORNIA HIGHWAY PATROL

DocuSigned by:

 By _____
 Timothy W. Lutz, Director, Department of Health Services, or designee. Approval delegated pursuant to Sacramento County Code Section 2.61.012 (h)

By _____

 Fabio Serrato, Captain, Commander

Date: 5/26/2023

Date: 05/27/2023

CONTRACT AND CONTRACTOR TAX STATUS
REVIEWED AND APPROVED BY COUNTY COUNSEL

By: *Julia R. Jackson* Date: 5/23/23

COUNTY OF SACRAMENTO

MEMORANDUM OF UNDERSTANDING NO. 7207600-23/26-108M

**EXHIBIT A to MOU
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
STATE OF CALIFORNIA, CALIFORNIA HIGHWAY PATROL
hereinafter referred to as "CHP"**

SCOPE OF SERVICES

I. PROGRAM LOCATION(S)

Title and Name: EMS Coordinator. Currently: Ron Wilson
Program Name(s): State of California, California Highway Patrol
Street Address: 601 North 7th Street
City and Zip Code: Sacramento, CA 95811

II. SERVICE PERFORMANCE MONITOR

Title and Name: EMS Administrator. Currently: David Magnino
Organization: Sacramento County Department of Health Services
Street Address: 9616 Micron Avenue, Suite 960
City and Zip Code: Sacramento, California 95827

III. DESCRIPTION OF SERVICES:

Advanced Life Support (ALS) providers are responsible for providing emergency pre-hospital patient care and/or transporting prehospital patients from the scene of an emergency to acute care hospitals within an organized EMS system in accordance with California Health and Safety Code Division 2.5, Sections 1797 et. seq., California Code of Regulations, Title 22, Division 9, and emergency medical services (EMS) policies and procedures established by Sacramento County Emergency Medical Services Agency (SCEMSA).

CHP shall:

A. Administrative

1. Maintain the legal capacity to contract with COUNTY including, but not limited to:
 - a. providing all COUNTY contract required documents,
2. Maintain organization and staffing for implementing and operating this MOU.
3. In the event that CHP is required by subpoena to testify in any matter arising out of or concerning this MOU by any party other than COUNTY, CHP shall not be entitled to any compensation from COUNTY for time spent or expense incurred in giving or preparing for such testimony, including travel time. CHP must seek compensation from the subpoenaing party, and COUNTY shall not be liable if CHP fails to receive compensation.

B. Service Operations

1. May provide Advanced Life Support (ALS) services on a continuous twenty-four (24) hours per day basis as determined by the CHP in the best interest of the public.
 - a. Maintain hours of operations as described in ALS Provider application
 - b. Notify SCEMSA in advance when hours of operations change for any period longer than twenty-four (24) hours.
 - c. Notify of scheduled special events in which paramedic are scheduled for deployment and an update if special event deployments are added.
2. Use and maintain two-way communications equipment between hospitals and field units as specified and approved by SCEMSA.

3. Respond to dispatches from authorized CHP designated dispatch center/personnel and/or Emergency Medical Dispatch centers that employ trained personnel with a nationally approved EMD system as required by SCEMSA.
4. Ensure that CHP's staff complies with SCEMSA application policies and completes the online application process for certification/accreditation.
5. Ensure that CHP's staff completes required incident reporting within the required timeframes as required by statutes, regulations and SCEMSA policies.

C. Policy/Procedures

1. Provide ALS services in accordance with state law and SCEMSA policies, procedures and protocols.
2. Comply with response times as designated by SCEMSA.
3. Participate in COUNTY committees, including, but not limited to the Medical Advisory Committee (MAC), Operational Advisory Committee (OAC), Technical Advisory Group (TAG) or other meetings as requested by SCEMSA.
4. Comply with Quality Improvement (QI) Program policies and procedures, QI Plan submission, data submission, and reporting requirements.
5. Participate in policy development and review including providing written feedback within the timeframe specified by the SCEMSA.

D. Data Reporting

1. Use an electronic patient care report platform with data reporting capabilities as required by SCEMSA.
2. Comply with SCEMSA requests for data submission or collection of information for purposes of a clinical or operational investigation as requested by the SCEMSA in requested time period.
3. Utilize a data reporting system that will collect, integrate, and report data and comply with the technical specifications required by COUNTY identified vendor.
4. Provide Patient Care Reports, Mass Casualty Incident Reports and future program reporting which will be determined by the Quality Improvement Program (QIP).
5. Submit data electronically as required by COUNTY directly to COUNTY data vendor. The frequency of data submission will be determined through the QIP but within 72 hours of development of the data elements.

COUNTY shall:

A. Administrative

1. Designate and maintain CHP who has met the state and SCEMSA ALS provider criteria as an approved ALS provider.
2. Monitor MOU and ensure CHP complies with scope of service as above
3. Maintain and update a list of approved ALS providers on its website: [Emergency Medical Services \(https://www.dhs.saccounty.gov/pub/ems/Pages/EMS-Home.aspx.\)](https://www.dhs.saccounty.gov/pub/ems/Pages/EMS-Home.aspx)

B. Service Operations

1. Perform annual inspections of ALS provider equipment to ensure compliance and state law and SCEMSA policy.

C. Data Reporting

1. Provide CHP data vendor information including points of contact for data submission requirements.

D. Feedback

1. Provide information about State or County changes, policies, protocols and/or performance to CHP as indicated.

Program Representatives

The program representatives during the term of this agreement are:

COUNTY	CALIFORNIA HIGHWAY PATROL
EMS Administrator Currently: David Magnino Emergency Medical Services Agency DHS Public Health Phone: 916-875-9708 Email: MagninoD@saccounty.gov	EMS Coordinator Currently: Sergeant Ron Wilson California Highway Patrol Phone: 916-843-3300 RoWilson@chp.ca.gov

IV. COMMUNICATION**A. Points of Contact**

AREA	COUNTY	CHP
ALS Provider Liaison	EMS Specialist II Currently: Kristin Bianco BiancoK@saccounty.gov 916-875-9736	EMS Coordinator Currently: Ron Wilson RoWilson@chp.ca.gov 916-843-3300
Problem Resolution	EMS Administrator Currently: David Magnino MagninoD@saccounty.gov 916-875-9708	EMS Coordinator Currently: Ron Wilson RoWilson@chp.ca.gov 916-843-3300
Data Reporting/QIP Liaison	EMS Specialist II Currently: Dorthy Rodriguez RodriguesDor@saccounty.gov 916-874-1060	EMS Coordinator Currently: Ron Wilson RoWilson@chp.ca.gov 916-843-3300
Contract Coordinator	Administrative Svs. Officer II Currently: Holly Winberry WinberryHo@saccounty.gov 916-875-9766	EMS Coordinator Currently: Ron Wilson RoWilson@chp.ca.gov 916-843-3300

B. Communication

1. CHP shall designate staff to participate in the MAC, OAC, the QIP, and the TAG. Members are required to regularly participate, provide information, and/or presentations as requested when feasible.
2. CHP and COUNTY shall participate in ad hoc meetings as requested by either party when feasible.
3. CHP or COUNTY shall respond to a request from the other party within (3) business days when feasible.
4. In the event of a threat to public health and safety, COUNTY and CHP shall meet within (1) business day after such notification in order to affect a solution when feasible.
5. Problem solving shall occur at the lowest possible level. Either party may request a meeting to resolve issues. If this process has not been satisfactory, the issue may be raised to the EMS Administrator, or the County Health Officer, currently Dr. Olivia Kasirye, at 916-875-5881.

C. Sacramento County EMS Plan

1. Follow the State approved Sacramento County EMS Plan.

V. CONFIDENTIALITY

1. CHP is subject to, and agrees to comply and require its employees to comply with the provisions of Sections 827, 5328, I 0850 and 17006 of the Welfare and Institutions Code, Division I 9-000 of the State of California Department of Social Services Manual of Policies and Procedures, Code of Federal Regulations Title 45, Section 205.50, and all other applicable laws and regulations to assure that:

A. All applications and records concerning an individual made or kept by CHP, COUNTY, or any public officer or agency in connection with the Welfare and Institutions Code relating to any form of public social services or health services provided under this MOU shall be confidential and shall not be open to examination for any purpose not directly connected with the administration of such public social or health services.

B. No person will publish or disclose, or use or cause to be published, disclosed, or used, any confidential information pertaining to an applicant or recipient of services. Applicant and recipient records and information shall not be disclosed by CHP to third parties without COUNTY's consent or the consent of the applicant/recipient.

2. CHP agrees to inform all of its employees, agents, subcontractors and partners of the above provision and that knowing and intentional violation of the provisions of said State law is a misdemeanor.

COUNTY OF SACRAMENTO

MOU NO. 7207600-23/26-108M

**EXHIBIT B to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY," and
STATE OF CALIFORNIA, CALIFORNIA HIGHWAY PATROL, hereinafter referred
to as "CHP"**

**COUNTY OF SACRAMENTO
DEPARTMENT OF HEALTH SERVICES
INSURANCE REQUIREMENTS**

INSURANCE OR SELF-INSURANCE REQUIREMENTS FOR CONTRACTORS

Each party, at its sole cost and expense, shall carry insurance -or self-insure- its activities in connection with this Agreement, and obtain, keep in force and maintain, insurance or equivalent programs of self-insurance, for general liability, workers compensation, property, professional liability, cyber liability, and business automobile liability adequate to cover its potential liabilities hereunder. Each party agrees to provide the other thirty (30) days' advance written notice of any cancellation, termination, or lapse of any of the insurance or self-insurance coverages. Failure to maintain insurance as required in this Agreement is a material breach of contract and is grounds for termination of the Agreement.

COUNTY OF SACRAMENTO

MEMORANDUM OF UNDERSTANDING NO. 7207600-23/26-108M

**EXHIBIT C to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
STATE OF CALIFORNIA, CALIFORNIA HIGHWAY PATROL,
hereinafter referred to as "CHP"**

BUDGET REQUIREMENTS

- I.** There is no monetary compensation under the terms of this Agreement.

Certificate Of Completion

Envelope Id: 4B31F29C7864448BB095946E309FF968

Status: Completed

Subject: **RUSH-Must Execute by 5/31**Please DocuSign:(C) State of CA, CA Highway Patrol 7207600-23/26-108M

Source Envelope:

Document Pages: 69

Signatures: 2

Envelope Originator:

Certificate Pages: 6

Initials: 7

Janet Toro

AutoNav: Enabled

799 G Street

Enveloped Stamping: Enabled

Sacramento, CA 95814

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

toroj@saccounty.gov

IP Address: 208.79.246.66

Record Tracking

Status: Original

Holder: Janet Toro

Location: DocuSign

5/24/2023 3:32:39 PM

toroj@saccounty.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Sacramento County

Location: DocuSign

Signer Events

Lucy Stanley

StanleyL@saccounty.gov

Security Level: Email, Account Authentication
(None)**Signature**

DocuSigned by:

 Lucy Stanley
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Signature Adoption: Pre-selected Style

Using IP Address: 208.79.246.66

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Holly Winberry

WinberryHo@saccounty.net

Security Level: Email, Account Authentication
(None) ^{DS}
HW

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Electronic Record and Signature Disclosure:

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David Magnino

MagninoD@saccounty.net

Security Level: Email, Account Authentication
(None) ^{DS}
DM

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Signed: 5/25/2023 7:14:07 AM

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Electronic Record and Signature Disclosure:

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Yian Saeteurn

SaeteurnY@saccounty.gov

Security Level: Email, Account Authentication
(None) ^{DS}
YS

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
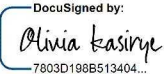
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Signer Events	Signature	Timestamp
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<p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>		
<p>Maryann Luke LukeM@saccounty.gov Security Level: Email, Account Authentication (None)</p>	 Signature Adoption: Pre-selected Style Using IP Address: 208.79.246.66	<p>Sent: 5/25/2023 2:23:15 PM Viewed: 5/25/2023 2:25:18 PM Signed: 5/25/2023 2:25:34 PM</p>
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<p>Timothy W. Lutz lutzt@saccounty.gov Security Level: Email, Account Authentication (None)</p>	 Signature Adoption: Pre-selected Style Using IP Address: 174.193.48.191	<p>Sent: 5/25/2023 2:25:37 PM Viewed: 5/25/2023 6:47:30 PM Signed: 5/25/2023 6:48:27 PM</p>
<p>Electronic Record and Signature Disclosure: Accepted: 5/25/2023 6:47:30 PM ID: 2ac804e6-e00c-46fe-b5e1-c141d14c3ff0</p>		
<p>Olivia Kasirye KasiryeO@saccounty.gov Security Level: Email, Account Authentication (None)</p>	 Signature Adoption: Pre-selected Style Using IP Address: 208.79.246.66	<p>Sent: 5/25/2023 6:48:29 PM Viewed: 5/26/2023 8:06:45 AM Signed: 5/26/2023 8:07:07 AM</p>
<p>Electronic Record and Signature Disclosure: Accepted: 5/26/2023 8:06:45 AM ID: 8dad1846-18a8-4617-b278-6a6e63d6df9d</p>		

In Person Signer Events	Signature	Timestamp
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Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps

Envelope Summary Events	Status	Timestamps
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Envelope Updated	Security Checked	5/25/2023 8:42:45 AM
Envelope Updated	Security Checked	5/25/2023 2:16:22 PM
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Envelope Updated	Security Checked	5/25/2023 2:16:22 PM
Certified Delivered	Security Checked	5/26/2023 8:06:45 AM
Signing Complete	Security Checked	5/26/2023 8:07:07 AM
Completed	Security Checked	5/26/2023 8:07:07 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Sacramento County (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after signing session and, if you elect to create a DocuSign signer account, you may access them for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Sacramento County:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: dtech-webteam@saccounty.net

To advise Sacramento County of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at dtech-webteam@saccounty.net and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

To request paper copies from Sacramento County

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to dtech-webteam@saccounty.net and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Sacramento County

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to dtech-webteam@saccounty.net and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum

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