

CCHS CONTRACT/AGREEMENT REVIEW ROUTING

As of 7/2/2013

| | |
|--------------------------------------|--------------------------------------|
| Contract/Agreement Originator: _____ | Date of Submission for Review: _____ |
| Department/Area: _____ | Campus Address: _____ |
| Campus Email: _____ | Campus Phone #: _____ |
| Purpose of Contract: _____ | |

Once you have reviewed the attached Contract/Agreement, Initial and Date then
 Forward to the NEXT Person/Office on the list as applicable
 (Originator may indicate "N/A" as appropriate to facilitate routing)

| INITIALS | DATE | |
|----------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| _____ | _____ | Originator's Supervisor, Manager or Dept Chair |
| _____ | _____ | Denise Morrison <i>(For Contracts/Agreements requiring Purchasing Approval &/or Bids)</i> |
| _____ | _____ | Jan Chaisson, CCHS Security and Privacy Officer <i>(For Contracts/Agreements requiring HIPAA review &/or BAA (Business Associates Agreement))</i> |
| _____ | _____ | Amy Sherwood <i>(For Contracts/Agreements requiring Information Systems/Technology resources-people, hardware, software)</i> |
| _____ | _____ | Leslie Zganjar <i>(For Contracts/Agreements requiring Marketing, Advertising, Events or Web services)</i> |
| _____ | _____ | Alllyson Welch <i>(For Contracts/Agreements requiring professional revenue billing services)</i> |
| _____ | _____ | CCHS Medical Student Services <i>(For Contracts/Agreements involving UASOM Medical Students)</i> _____ (Printed name of reviewer) |
| _____ | _____ | CCHS-Tusc Family Medicine Residency Program (TFMRP) Director |
| _____ | _____ | CCHS-DIO (Designated Institutional Official) |
| _____ | _____ | CCHS-GMEC (Graduate Medical Education Council) <i>(For Contracts/Agreements involving TFMRP Residents &/or ACGME)</i> |
| _____ | _____ | CCHS Associate Dean for Research |
| _____ | _____ | IRHR Director <i>(For Contracts/Agreements involving ANY Research activity &/or Indirect Expense Recovery)</i> |
| _____ | _____ | SHC Director <i>(For Contracts/Agreements involving and Student Health Center resources &/or approval)</i> |
| _____ | _____ | CHSF Secretary/Treasurer |
| _____ | _____ | CHSF President <i>(For Contracts/Agreements involving & Capstone Health Services Foundation resources &/or approval)</i> |

THE FOLLOWING 3 REVIEWS ARE REQUIRED FOR ALL CONTRACTS/AGREEMENTS: (IN THIS ORDER)

| | | |
|-------|-------|-----------|
| _____ | _____ | CCHS COO |
| _____ | _____ | CCHS CFO |
| _____ | _____ | CCHS DEAN |

As determined by COO, CFO and/or Dean, subsequent routing to:

| INITIALS | DATE | | INITIALS | DATE | |
|----------|-------|-------------------------------|----------|-------|-----------------------------------------|
| _____ | _____ | CHSF Legal Counsel | _____ | _____ | UA Office of Finance and Administration |
| _____ | _____ | UA Legal Counsel | _____ | _____ | UA Provost |
| _____ | _____ | UA Office of Academic Affairs | _____ | _____ | UA President |

Return Executed Contract/Agreement To Originator as noted above and CCHS COO (for Master Contract File)

(Note, Automatically set to "same as" Originator; Change as Applicable)

| | |
|--------------------------------------|-----------------------|
| Contract/Agreement Originator: _____ | Dept/Area: _____ |
| Campus Email: _____ | Campus Address: _____ |
| _____ | Campus Phone #: _____ |