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Щоб попросити переклад або спеціальні послуги для осіб з особливими потребами, зверніться до нас, скориставшись такими контактними даними: [kwebb@clackamas.us](mailto:kwebb@clackamas.us) | 503-679-9111.

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Để yêu cầu dịch vụ dịch thuật hoặc điều chỉnh liên quan đến tình trạng khuyết tật, vui lòng liên hệ với chúng tôi qua [kwebb@clackamas.us](mailto:kwebb@clackamas.us) | 503-679-9111.



**Clackamas County**  
[www.clackamas.us](http://www.clackamas.us)

June 4, 2026

BCC Agenda Item: \_\_\_\_\_

Board of County Commissioners  
Clackamas County

**Approval of an Intergovernmental Revenue Agreement renewal with Washington County for After-hours Nurse Triage Services. The Total Contract Value is \$15,634 over 2 years. No County General Funds are involved.**

**Previous Board Action/Review:** Previous Agreement #11763 signed January 16, 2025 (20250116 I.C.1)

**Performance Clackamas:** Safe, Secure, and Livable Communities

**Counsel Review:** Yes, Amanda Keller

**Procurement Review:** N/A

**Contact Person:** Kim La Croix, Director

**Contact Phone:** 971-806-0004

**EXECUTIVE SUMMARY:** The Clackamas County Public Health Division (CCPHD) of the Health, Housing, & Human Services Department requests the approval of an Intergovernmental Revenue Agreement with Washington County for shared After-Hours phone services with FoneMed LLC, contract #11646. Multnomah, Clackamas, and Washington Counties are sharing the services provided and have agreed to split the costs three ways.

Local Health Departments have a statutory responsibility to receive and respond to reportable communicable diseases per OAR chapter 333, division 18 and 19. Clackamas County Public Health has a 24/7 phone line for this purpose, as well as for calls regarding foodborne illness, animal bites, in-home mold complaints, boil water notices from the Oregon Health Authority, and other public health emergencies. It is answered during working hours by the Public Health Infectious Disease Control and Prevention (IDCP) Program.

In partnership with Washington and Multnomah Counties, Clackamas County Public Health has contracted with FoneMed LLC to provide after-hours monitoring and call response for each county's 24/7 lines. This service provides nurses to answer calls and deliver responsive, high-quality service to callers.

This IGA will allow Washington County to reimburse Clackamas County for these services.

**RECOMMENDATION:** Staff respectfully recommends that the Board of County Commissioners approve and authorize Chair Roberts or his designee to sign on behalf of Clackamas County.

Respectfully submitted,

*Mary Rumbaugh*  
Mary Rumbaugh

Director of Health, Housing, and Human Services

For Filing Use Only

**INTERGOVERNMENTAL AGREEMENT  
BETWEEN CLACKAMAS COUNTY  
AND WASHINGTON COUNTY**

**Contract #12445**

THIS AGREEMENT (this "Agreement") is entered into and between Clackamas County, a political subdivision of the State of Oregon ("Clackamas County"), and Washington County ("Washington County"), a political subdivision of the State of Oregon, collectively referred to as the "Parties" and each a "Party."

**RECITALS**

Oregon Revised Statutes Chapter 190.010 confers authority upon local governments to enter into agreements for the performance of any functions and activities that a party to the agreement, its officers, or agencies has authority to perform.

In consideration of the mutual promises set forth below and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereby agree as follows:

**TERMS**

1. **Term.** This Agreement shall be effective **July 1, 2026**, and shall expire upon the completion of every obligation of the Parties set forth herein, or **June 30, 2028**, whichever is sooner.
2. **Scope of Work.** Washington County agrees to provide the services further identified in the Scope of Work attached hereto as Exhibit A and incorporated herein ("Work").
3. **Consideration.** Washington County agrees to pay Clackamas County, from available and authorized funds, a sum not to exceed **fifteen thousand six hundred thirty-four dollars (\$15,634)**, to reimburse Clackamas County for services provided by Fonemed LLC, under Agreement #11646.
4. **Payment.** **\$7,645** will be due upon execution of Agreement, and the final payment of **\$7,989** will be due **July 1, 2027**.
5. **Representations and Warranties.**
  - A. *Clackamas County Representations and Warranties:* Clackamas County represents and warrants to Washington County that it has the power and authority to enter into and perform this Agreement, and this Agreement, when executed and delivered, shall be a valid and binding obligation of Clackamas County, enforceable in accordance with its terms.
  - B. *Washington County Representations and Warranties:* Washington County represents and warrants to Clackamas County that it has the power and authority to enter into and perform this Agreement, and this Agreement, when executed and delivered, shall be a valid and binding obligation of Washington County, enforceable in accordance with its terms.
  - C. The warranties set forth in this section are in addition to, and not in lieu of, any other warranties provided.

## 6. Termination.

- A. Either Clackamas County or Washington County may terminate this Agreement at any time upon thirty (30) days' written notice to the other party.
- B. Either Clackamas County or Washington County may terminate this Agreement in the event of a breach of the Agreement by the other. Prior to such termination, however, the Party seeking the termination shall give the other Party written notice of the breach and of the Party's intent to terminate. If the breaching Party has not entirely cured the breach within fifteen (15) days of deemed or actual receipt of the notice, then the Party giving notice may terminate the Agreement at any time thereafter by giving written notice of termination stating the effective date of the termination. If the default is of such nature that it cannot be completely remedied within such fifteen (15) day period, this provision shall be complied with if the breaching Party begins correction of the default within the fifteen (15) day period and thereafter proceeds with reasonable diligence and in good faith to effect the remedy as soon as practicable. The Party giving notice shall not be required to give more than one (1) notice for a similar default in any twelve (12) month period.
- C. Clackamas County or Washington County shall not be deemed to have waived any breach of this Agreement by the other Party except by an express waiver in writing. An express written waiver as to one breach shall not be deemed a waiver of any other breach not expressly identified, even though the other breach is of the same nature as that waived.
- D. Clackamas County may terminate this Agreement in the event Clackamas County fails to receive expenditure authority sufficient to allow Clackamas County, in the exercise of its reasonable administrative discretion, to continue to perform under this Agreement, or if federal or state laws, regulations or guidelines are modified or interpreted in such a way that either the Project under this Agreement is prohibited or Clackamas County is prohibited from paying for such work from the planned funding source.
- E. Any termination of this Agreement shall not prejudice any rights or obligations accrued to the Parties prior to termination.

## 7. Indemnification.

- A. Subject to the limits of the Oregon Constitution and the Oregon Tort Claims Act or successor statute, Clackamas County agrees to indemnify, save harmless and defend Washington County, its officers, elected officials, agents and employees from and against all costs, losses, damages, claims or actions and all expenses incidental to the investigation and defense thereof arising out of or based upon damages or injuries to persons or property caused by the negligent or willful acts of Clackamas County or its officers, elected officials, owners, employees, agents, or its subcontractors or anyone over which Clackamas County has a right to control.
- B. Subject to the limits of the Oregon Constitution and the Oregon Tort Claims Act or successor statute, Washington County agrees to indemnify, save harmless and defend Clackamas County, its officers, elected officials, agents and employees from and against all costs, losses, damages, claims or actions and all expenses incidental to the investigation and defense thereof arising out of or based upon

damages or injuries to persons or property caused by the negligent or willful acts of Washington County or its officers, elected officials, owners, employees, agents, or its subcontractors or anyone over which Washington County has a right to control.

8. **Insurance.** The Parties agree to maintain insurance or self-insurance levels sufficient to satisfy their obligations under this Agreement and all requirements under applicable law.
9. **Notices; Contacts.** Legal notices provided under this Agreement shall be delivered by email or by first-class U.S. mail to the individuals identified below. Any communication or notice mailed by first-class US mail shall be deemed to be given three days after the date it is sent. Any communication or notice sent by electronic mail is deemed to be received on the date sent, unless the sender receives an automated message or other indication that the email has not been delivered. Either Party may change the Party's contact information, or the invoice or payment addresses, by giving prior written notice to the other Party.

- A. **William (Bill) Conway**, or their designee, will act as the liaison for Clackamas County.

**Contact Information:**

[WConway@clackamas.us](mailto:WConway@clackamas.us)

**Copy to:**

County Counsel  
2051 Kaen Road, 4<sup>th</sup> Floor  
Oregon City, OR 97045

- B. **Tyler Slattery** or their designee will act as liaison for Washington County.

**Contact Information:**

[tyler\\_slattery@washingtoncountyor.gov](mailto:tyler_slattery@washingtoncountyor.gov)

**10. General Provisions.**

- A. **Oregon Law and Forum.** This Agreement, and all rights, obligations, and disputes arising out of it, will be governed by and construed in accordance with the laws of the State of Oregon and the ordinances of Clackamas County without giving effect to the conflict of law provisions thereof. Any claim between Clackamas County and Washington County that arises from or relates to this Agreement shall be brought and conducted solely and exclusively within the Circuit Court of Clackamas County for the State of Oregon; provided, however, if a claim must be brought in a federal forum, then it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon. In no event shall this section be construed as a waiver by Clackamas County of any form of defense or immunity, whether sovereign immunity, governmental immunity, immunity based on the Eleventh Amendment to the Constitution of the United States, or otherwise, from any claim or from the jurisdiction of any court. Washington County, by execution of this Agreement, hereby consents to the in personam jurisdiction of the courts referenced in this section.

- B. Compliance with Applicable Law.** Both Parties shall comply with all applicable local, state, and federal ordinances, statutes, laws, and regulations. All provisions of law required to be a part of this Agreement, whether listed or otherwise, are hereby integrated and adopted herein. Failure to comply with such obligations is a material breach of this Agreement.
- C. Non-Exclusive Rights and Remedies.** Except as otherwise expressly provided herein, the rights and remedies expressly afforded under the provisions of this Agreement shall not be deemed exclusive, and shall be in addition to and cumulative with any and all rights and remedies otherwise available at law or in equity. The exercise by either Party of any one or more of such remedies shall not preclude the exercise by it, at the same or different times, of any other remedies for the same default or breach, or for any other default or breach, by the other Party.
- D. Access to Records.** Clackamas County shall retain, maintain, and keep accessible all records relevant to this Agreement (“Records”) for a minimum of six (6) years, following Agreement termination or full performance or any longer period as may be required by applicable law, or until the conclusion of an audit, controversy or litigation arising out of or related to this Agreement, whichever is later. Clackamas County shall maintain all financial records in accordance with generally accepted accounting principles. All other Records shall be maintained to the extent necessary to clearly reflect actions taken. During this record retention period, Clackamas County shall permit Washington County’s authorized representatives’ access to the Records at reasonable times and places for purposes of examining and copying.
- E. Work Product.** All work performed under this Agreement shall be considered work made for hire and shall be the sole and exclusive property of Clackamas County. Clackamas County shall own any data, documents, plans, copyrights, specifications, working papers, and any other materials produced in connection with this Agreement. On completion or termination of the Agreement, Washington County shall promptly deliver these materials to Clackamas County’s Project Manager.
- F. Reserved.**
- G. Debt Limitation.** This Agreement is expressly subject to the limitations of the Oregon Constitution and the Oregon Tort Claims Act and is contingent upon the appropriation of funds. Any provisions herein that conflict with the above-referenced laws are deemed inoperative to that extent.
- H. Severability.** If any provision of this Agreement is found to be unconstitutional, illegal, or unenforceable, this Agreement nevertheless shall remain in full force and effect, and the offending provision shall be stricken. The Court or other authorized body finding such provision unconstitutional, illegal, or unenforceable shall construe this Agreement without such provision to give effect to the maximum extent possible the intentions of the Parties.
- I. Integration, Amendment, and Waiver.** Except as otherwise set forth herein, this Agreement constitutes the entire agreement between the Parties on the matter of

the Project. There are no understandings, agreements, or representations, oral or written, not specified herein, regarding this Agreement. No waiver, consent, modification, or change of terms of this Agreement shall bind either Party unless in writing and signed by both Parties and all necessary approvals have been obtained. Such waiver, consent, modification, or change, if made, shall be effective only in the specific instance and for the specific purpose given. The failure of either Party to enforce any provision of this Agreement shall not constitute a waiver by such Party of that or any other provision.

- J. **Interpretation.** The titles of the sections of this Agreement are inserted for convenience of reference only and shall be disregarded in construing or interpreting any of its provisions.
- K. **Independent Contractor.** Each of the Parties hereto shall be deemed an independent contractor for purposes of this Agreement. No representative, agent, employee, or contractor of one Party shall be deemed to be a representative, agent, employee, or contractor of the other Party for any purpose, except to the extent specifically provided herein. Nothing herein is intended, nor shall it be construed, to create between the Parties any relationship of principal and agent, partnership, joint venture, or any similar relationship, and each Party hereby specifically disclaims any such relationship.
- L. **No Third-Party Beneficiary.** Clackamas County and Washington County are the only parties to this Agreement and are the only parties entitled to enforce its terms. Nothing in this Agreement gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly, or otherwise, to third persons unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Agreement.
- M. **Subcontract and Assignment.** Washington County shall not enter into any subcontracts for any of the work required by this Agreement, or assign or transfer any of its interest in this Agreement by operation of law or otherwise, without obtaining prior written approval from Clackamas County, which shall be granted or denied in Clackamas County's sole discretion. Clackamas County's consent to any subcontract shall not relieve Washington County of any of its duties or obligations under this Agreement.
- N. **Counterparts.** This Agreement may be executed in several counterparts (electronic or otherwise), each of which shall be an original, all of which shall constitute the same instrument.
- O. **Survival.** All provisions in Sections 5, 7, and 10 (A), (C), (D), (G), (H), (I), (J), (L), (Q), (T), and (U) shall survive the termination of this Agreement, together with all other rights and obligations herein which by their context are intended to survive.
- P. **Necessary Acts.** Each Party shall execute and deliver to the others all such further instruments and documents as may be reasonably necessary to carry out this Agreement.

Q. **Time is of the Essence.** Washington County agrees that time is of the essence in the performance of this Agreement.

R. **Successors in Interest.** The provisions of this Agreement shall be binding upon and shall inure to the benefit of the parties hereto, and their respective authorized successors and assigns.

S. **Force Majeure.** Neither Clackamas County nor Washington County shall be held responsible for delay or default caused by events outside of Clackamas County or Washington County's reasonable control, including, but not limited to, fire, terrorism, riot, acts of God, or war. However, Clackamas County and Washington County shall make all reasonable efforts to remove or eliminate such a cause of delay or default and shall, upon the cessation of the cause, diligently pursue performance of their obligations under this Agreement.

T. **Confidentiality.** Washington County acknowledges that it and its employees or agents may, in the course of performing their responsibilities under this Agreement, be exposed to or acquire confidential information. To the extent permitted by law, any information of any form obtained by Washington County or its employees or agents in the performance of this Agreement shall be deemed confidential information of Clackamas County ("Confidential Information"). Washington County agrees to hold Confidential Information in strict confidence, using at least the same degree of care that Clackamas County uses in maintaining the confidentiality of its own confidential information, and not to copy, reproduce, sell, assign, license, market, transfer or otherwise dispose of, give, or disclose Confidential Information to third parties or use Confidential Information for any purpose unless specifically authorized in writing under this Agreement.

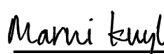
U. **No Attorney Fees.** In the event any arbitration, action, or proceeding, including any bankruptcy proceeding, is instituted to enforce any term of this Agreement, each party shall be responsible for its own attorneys' fees and expenses.

**IN WITNESS HEREOF**, the Parties have executed this Agreement by the date set forth opposite their names below.

**Clackamas County**

**Washington County**


\_\_\_\_\_  
Chair, Board of County Commissioners

Signed by:  
  
\_\_\_\_\_  
Authorized Signatory Date 5/1/2026 | 16:37 PDT

\_\_\_\_\_  
Date

ACA  
\_\_\_\_\_  
Title

**Approved for Legal Sufficiency**

  
\_\_\_\_\_  
County Counsel Date

## Exhibit A

### SCOPE OF WORK

Washington County agrees to reimburse Clackamas County for after-hours phone coverage through Fonemed LLC. The cost is **\$15,634**, including **\$7,645** for the first year and **\$7,989** (4.5% increase) for the second year. This represents one-third of the cost of services. Services are described in following:

#### **NURSE TRIAGE AND ADVICE SERVICE DEFINITIONS.**

For the purposes of this Nurse Advice Statement of Work:

1. The term "Client Group" shall mean the primary organization of which Fonemed, LLC telephony and software will be configured for the Client. In this Agreement, the Client Group includes Clackamas, Multnomah, and Washington Counties.
2. The term "Subgroup" shall mean any subset of the "Client Group" requiring reporting by Fonemed, LLC (e.g., clinics, departments), either based on physical location or functional specialty.

#### **A. SERVICE.** Fonemed, LLC shall provide the following Services for Client:

- a. Fonemed, LLC will provide a single, dedicated toll-free number that will be provisioned on Fonemed, LLC. telephony system. This line will be configured with an automated greeting message. Client acknowledges this toll-free number enables Fonemed LLC to track calls for Client billing purposes. As such, Client should only share its dedicated toll-free number with eligible recipients and should advise its eligible recipients on permitted uses of the toll-free number.
- b. Fonemed, LLC. Software will be configured with one "client group".
- c. Health Care Navigator (HCN). The standard call process is as follows:
  - i. Upfront automated greeting: "Thank you for calling the Nurse Advice Line. This call may be recorded for quality assurance purposes. If this is a medical emergency, please hang up and dial 911 or your local emergency assistance number." The client can specify a custom automated greeting message if preferred. Fonemed, LLC reserves the right to modify the greeting message from time to time.
  - ii. Live initial call intake by a qualified HCN
    1. Greeting: "Hello, my name is "\*\*\*\*\*". I am a health care navigator. May I have your name, please?"
    2. Intake information collected:
      - a. Caller First Name / Last Name (In the event that the caller is not the patient)
      - b. Caller Relationship (e.g., Parent)
      - c. Patient First Name / Last Name
      - d. Patient Date of Birth
      - e. Return Phone Number
      - f. Patient Gender
      - g. "Initial Intention."
      - h. County of Residence
      - i. Reason for Call

3. Patients with emergent symptoms are warmly transferred to their nearest healthcare facility.
  4. Patients with non-emergent symptoms/ disease reporting issues are queued for a registered nurse callback.
- iii. Registered Nurse (RN), Using Fonemed, LLC. proprietary software and licensed medical protocols, Fonemed, LLC. Registered Nurses (“RN(s)”) shall address patients' health care concerns, assess symptom presentation, and recommend the most appropriate level of care in accordance with Schmitt/Thompson protocols.
1. Triage Assessment (if applicable or health info call)
    - a. Presenting Complaint
    - b. Protocol
    - c. Triage Assessment
    - d. Disposition
    - e. Care Advice
    - f. Confirm understanding and intention to follow care advice.
    - g. Closing Disclaimer Provided
    - h. All encounters are documented in a standard “encounter report” which will be available to the Client via a secure, web-based portal:
  2. Standard encounter reports will have the following information:
    - a. Report Header
    - b. Standard Logo (See special provisions)
    - c. Client Group name
    - d. Subgroup name (if applicable)
    - e. Call Completed Time
    - f. Caller Name (if applicable)
    - g. Patient Name
    - h. Patient Date of Birth
    - i. Patient Age
    - j. Patient Gender
    - k. Nurse initials
    - l. Call back Phone Number
    - m. System Call ID
    - n. Nurse Triage
    - o. Care Advice and follow-up recommendations

- B. MONTHLY REPORTS.** The following monthly reports are available upon the client's request:
- a. Call log
  - b. Complete call summary
  - c. Satisfaction Survey – Fonemed, LLC will routinely contact up to 5% of callers “company- wide” to assess their satisfaction with the service.

For Administrative Use Only – Z99999

Supplier Name: Clackamas County OR

Actual Contract Number (CustomText4): 20454

Department (Location): HHS - Community Health

Contract Type: Intergovernmental Agreement (IGA)

Contract Sub Type (Custom2Code):

Minute Order Date:

Minute Order Number:

Master Contract Number (CustomText1): 20454

Bid/RFP # (BidRFP):

BPO Number (Custom1Code):

SHIP TO (LocShipTo): HHS - Community Health

BILL TO (LocBillTo): HHS - Community Health

Project Number (CustomText2): 12445

Chargeable Program Number (ChargeProgram): 2711.703015.7031009.GR-00000350

Contract Admin (Administrator): Slattery, Tyler

Contract Year: 26

Legacy Contract ID:

LF Date Entered MM/DD/YYYY: 4/21/2026

## Certificate Of Completion

Envelope Id: 5B21E176-1AAE-809D-814A-6750D8646E06

Status: Completed

Subject: DocuSign for 20454

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Document Pages: 9

Signatures: 1

Envelope Originator:

Certificate Pages: 4

Initials: 0

Whitney Hergert

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155 N. First Ave, Suite 270

Envelopeld Stamping: Enabled

MS28

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Hillsboro, OR 97124-3087

whitney\_hergert@washingtoncountyor.gov

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Holder: Whitney Hergert

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whitney\_hergert@washingtoncountyor.gov

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## Signer Events

## Signature

## Timestamp

Marni Kuyl

Signed by:

Marni Kuyl  
65B0D494A448440...

Sent: 5/1/2026 4:33:22 PM

marni\_kuyl@washingtoncountyor.gov

Viewed: 5/1/2026 4:37:26 PM

ACA

Signed: 5/1/2026 4:37:33 PM

Security Level: Email, Account Authentication (None)

Signature Adoption: Pre-selected Style

Using IP Address: 204.147.152.5

## Electronic Record and Signature Disclosure:

Accepted: 5/1/2026 4:37:26 PM

ID: 5f447d50-cf49-4032-a9a4-a6ed35722955

## In Person Signer Events

## Signature

## Timestamp

## Editor Delivery Events

## Status

## Timestamp

## 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 Sent

Hashed/Encrypted

5/1/2026 4:33:23 PM

Certified Delivered

Security Checked

5/1/2026 4:37:26 PM

Signing Complete

Security Checked

5/1/2026 4:37:33 PM

Completed

Security Checked

5/1/2026 4:37:33 PM

## Payment Events

## Status

## Timestamps

## Electronic Record and Signature Disclosure

## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, Carahsoft OBO SHI OBO Washington 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 system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### **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 the signing session and, if you elect to create a DocuSign account, you may access the documents 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. Further, 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 Carahsoft OBO SHI OBO Washington 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: [tina\\_hartmeier@co.washington.or.us](mailto:tina_hartmeier@co.washington.or.us)

**To advise Carahsoft OBO SHI OBO Washington County of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [tina\\_hartmeier@co.washington.or.us](mailto:tina_hartmeier@co.washington.or.us) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

**To request paper copies from Carahsoft OBO SHI OBO Washington 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 email to [tina\\_hartmeier@co.washington.or.us](mailto:tina_hartmeier@co.washington.or.us) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

**To withdraw your consent with Carahsoft OBO SHI OBO Washington County**

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

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to [tina\\_hartmeier@co.washington.or.us](mailto:tina_hartmeier@co.washington.or.us) and in the body of such request you must state your email, full name, mailing 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**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

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