

46 MLC



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION

Helen E. Hanks
Commissioner

P.O. BOX 1806
CONCORD, NH 03302-1806

Robin H. Maddaus
Director

603-271-5610 FAX: 1-888-908-6609
TDD Access: 1-800-735-2964
www.nh.gov/nhdoc

April 29, 2019

His Excellency, Governor Christopher T. Sununu
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the NH Department of Corrections (NHDOC) to exercise a two-year contract renewal option, Amendment Agreement #1, to PO # 1063519, with Symphony Diagnostic Services No. 1, LLC d/b/a MobilexUSA (VC # 200975), 930 Ridgebrook Road, Sparks, MD 21152, to increase the contract amount by \$275,100.00 from \$275,100.00 to \$550,200.00, for the provision of On-Site X-Ray, Electrocardiography (ECG) & Holter Monitoring Services, for the period of July 1, 2019 through June 30, 2021 effective upon Governor and Executive Council approval. The original contract, Agreement, was approved by the Governor and Executive Council on May 17, 2017, Item # 33. 100% General Funds

Funding is available in the following account, Medical-Dental: 02-46-46-465010-8234-101-500729 as follows with the authority to adjust encumbrances in each of the State fiscal years through the Budget Office, if needed and justified. Funding for SFY 2020 and SFY 2021 is contingent upon the availability and continued appropriation of funds.

Symphony Diagnostic Services No. 1, LLC d/b/a MobilexUSA

Original Contract Agreement

Account	Description	SFY 2018	SFY 2019	SFY 2020	SFY 2021	Total
02-46-46-465010-8234-101-500729	Northern Region	26,300.00	26,300.00	-	-	52,600.00
02-46-46-465010-8234-101-500729	Southern Region	111,250.00	111,250.00	-	-	222,500.00

Amendment Agreement #1

Account	Description	SFY 2018	SFY 2019	SFY 2020	SFY 2021	Total
02-46-46-465010-8234-101-500729	Northern Region	-	-	26,300.00	26,300.00	52,600.00
02-46-46-465010-8234-101-500729	Southern Region	-	-	111,250.00	111,250.00	222,500.00
Subtotal by State Fiscal Year		137,550.00	137,550.00	137,550.00	137,550.00	550,200.00

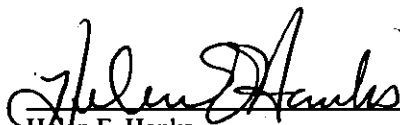
Total Contract Amount: \$550,200.00

EXPLANATION

This contract is for On-Site X-Ray, ECG & Holter Monitoring services for the Northern Correctional Facility (NCF), Berlin, NH and the Southern NH Correctional Facilities: NH State Prison for Men (NHSP-M), Secure Psychiatric Unit (SPU), and the NH Correctional Facility for Women (NHCF-W), Concord, NH.

Amendment Agreement #1 shall modify the Agreement's, completion date and price limitation of the original contract, Agreement.

Respectfully Submitted,



Helen E. Hanks
Commissioner



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF MEDICAL & FORENSIC
SERVICES

P.O. BOX 1806
CONCORD, NH 03302-1806

603-271-5610 FAX: 1-888-908-6609
TDD Access: 1-800-735-2964
www.nh.gov/nhdoc

Helen M. Hanks
Commissioner

Paula L. Mattis
Director

AMENDMENT AGREEMENT # 1

This amendment is between the State of New Hampshire, acting by and through the STATE OF NEW HAMPSHIRE, DEPARTMENT OF CORRECTIONS ("State" or "Department"), and SYMPHONY DIAGNOSTIC SERVICES NO. 1, LLC D/B/A MOBILEXUSA ("Contractor"), a California Limited Liability Company with a place of business at 930 Ridgebrook Road, Sparks, MD 21152.

WHEREAS, pursuant to a Contract ("Agreement 2017-33") approved by the Governor and Executive Council on May, 17, 2017, Item #33, with services to commence on July, 1, 2017, the Contractor agreed to perform On-Site X-Ray, Electrocardiography (ECG) & Holter Monitoring Services based upon the terms and conditions specified in the Agreement as amended and in consideration of certain sums specified; and

WHEREAS, the State and Contractor have agreed to make changes to the completion date, price limitation, scope of services (Exhibit A), and special provisions (Exhibit C) of the Agreement; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, Amendment, and Exhibit A, Paragraph 2., Terms of Contract, of the original Agreement, the State may renew the Agreement for one (1) additional period of up to two (2) years only by an instrument in writing signed by the parties and after approval of such amendment by the N.H. Governor and Executive Council; and

WHEREAS, the State wishes to exercise the renewal period provided for in Exhibit A, Paragraph 2, Terms of the Contract and increase the price limitation of the Agreement.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Agreement and set forth herein, the parties hereto agree as follow:

To amend as follows:

1. Form P-37, General Provisions, Block 1.7, Completion Date, to read: "June 30, 2021";
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read: "\$550,200.00" a total increase of \$275,100.00;
3. Scope of Services, Exhibit A, Paragraph 2., Terms of Contract, page 17 of 35, of the original Agreement, by adding:

“Amendment #1 exercises the renewal option for an additional period of up to two (2) years and shall commence on July 1, 2019 for the period of July 1, 2019 through June 30, 2021 with the approval of the Commissioner of the NH Department of Corrections (NHDOC) and upon Governor and Executive Council (G&C) approval.”

4. Scope of Services, Exhibit A, Paragraph 3., Location of Services, Southern – Southern NH Correctional Facility by Service Location, page 17 of 35, of the original Agreement, to read:

Southern – Southern NH Correctional Facility by Service Location			
iX ^a	NH State Prison for Men – (NHSP- M)	281 North State Street	Concord, NH 03301
iX	Secure Psychiatric Unit (SPU)	281 North State Street	Concord, NH 03301
iX ⁴	NH Correctional Facility for Women – (NHCF-W)	42 Perimeter Road	Concord, NH 03301

5. Special Provisions, Exhibit C, Paragraph 1., Special Provisions, Sub-Paragraph 1.1., page 34 of 35, to read:

“To modify the Form P-37, General Provisions, Section 14. Insurance, paragraph 14.3, by changing the last sentence of the clause to read: “Cancellation notice by the Insurer to the Certificate Holder will be delivered in accordance with the policy provisions.”

6. That all other provisions of the Agreement shall remain in full force and effect.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK.
SIGNATURE PAGE FOLLOWS.

SIGNATURE PAGE TO AMENDMENT AGREEMENT # 1 TO: On-Site X-Ray,
Electrocardiography (ECG) & Holter Monitoring Services Agreement 2017-33.

STATE OF NEW HAMPSHIRE DEPARTMENT OF
CORRECTIONS

By: [Signature]
Name: Helen E. Hanks
Title: Commissioner
Date: 4/11/19

SYMPHONY DIAGNOSTIC SERVICES NO. 1, LLC D/B/A
MOBILEXUSA

By: [Signature]
Name: Joel Kirchick
Title: Vice President
Date: 4/3/19

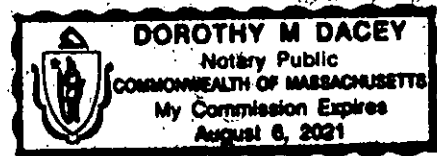
STATE OF Massachusetts
COUNTY OF Plymouth

On this 3rd day of April 20 19, before me, Dorothy Dacey the undersigned officer,
personally appeared Joel Kirchick known to me (or satisfactorily proven) to be the person whose
name is signed above and acknowledged that he/she executed this document in the capacity indicated
above.

In witness thereof, I hereto set my hand and official seal.

[Signature]
Notary Public/Justice of the Peace

My Commission Expires: August 6, 2021



[Signature]
Approval by N.H. Attorney General
(Form, Substance and Execution)

4/26/2019
Date

Approved by the N.H. Governor and Executive Council

Date

State of New Hampshire

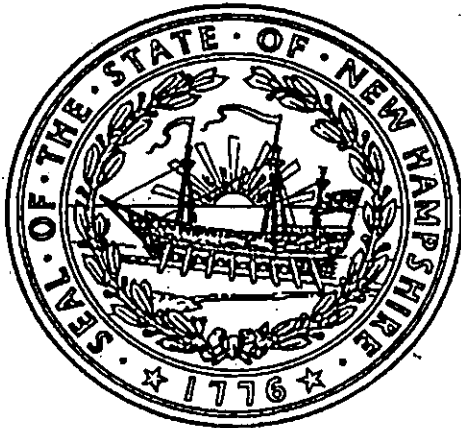
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that SYMPHONY DIAGNOSTIC SERVICES NO. 1, LLC is a California Limited Liability Company registered to transact business in New Hampshire on June 03, 2004. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 259808

Certificate Number : 0004485787



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 2nd day of April A.D. 2019.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State



State of New Hampshire

Department of State

2019 ANNUAL REPORT

Filed
Date Filed: 4/1/2019
Effective Date: 4/1/2019
Business ID: 259808
William M. Gardner
Secretary of State

BUSINESS NAME:	SYMPHONY DIAGNOSTIC SERVICES NO. 1, LLC
BUSINESS TYPE:	Foreign Limited Liability Company
BUSINESS ID:	259808
STATE OF FORMATION:	California

CURRENT PRINCIPAL OFFICE ADDRESS	CURRENT MAILING ADDRESS
930 Ridgebrook Road Sparks, MD, 21152, USA	930 Ridgebrook Road Sparks, MD, 21152, USA

REGISTERED AGENT AND OFFICE	
REGISTERED AGENT: C T Corporation System (1108)	
REGISTERED AGENT OFFICE ADDRESS: 2 1/2 Beacon Street Concord, NH, 03301 - 4447, USA	

PRINCIPAL PURPOSE(S)	
NAICS CODE	NAICS SUB CODE
OTHER / Mobile medical diagnostic services.	

MANAGER / MEMBER INFORMATION		
NAME	BUSINESS ADDRESS	TITLE
Alan Morrison	101 Rock Road, Horsham, PA, 19044, USA	Vice President
Anthony Zingarelli	101 Rock Road, Horsham, PA, 19044, USA	Vice President
Alan Morrison	101 Rock Road, Horsham, PA, 19044, USA	Secretary
Mark Parrish	930 Ridgebrook Rd., 3rd Floor,, Sparks, MD, 21152, USA	Manager
David Smith	930 Ridgebrook Rd., 3rd Floor,, Sparks, MD, 21152, USA	Chief Financial Officer

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Title: Authorized Signer
Signature: Vincent Forgione
Name of Signer: Vincent Forgione

State of New Hampshire

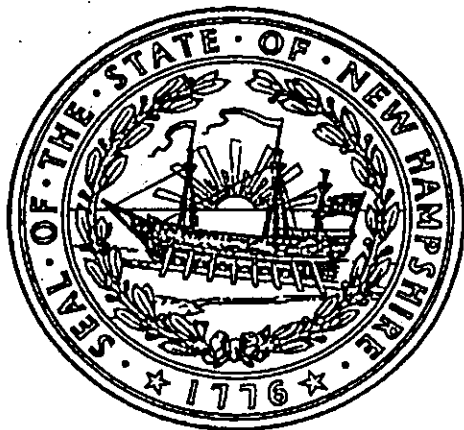
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that MOBILEXUSA is a New Hampshire Trade Name registered to transact business in New Hampshire on July 24, 2014. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 712364

Certificate Number : 0004485780



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 2nd day of April A.D. 2019.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

Business Information

Business Details

Business Name: MOBILEXUSA	Business ID: 712364
Business Type: Trade Name	Business Status: Active
Expiration Date: 7/24/2019	Last Renewal Date: Not Available
Business Creation Date: 07/24/2014	Name in State of Formation: Not Available
Date of Formation in Jurisdiction: 07/24/2014	
Principal Office Address: 836 Candia Road Suite a, Manchester, NH, 03109 - 5203, USA	Mailing Address: 930 Ridgebrook Road 3rd Floor, Sparks, MD, 21152 - 9390, USA
Business Email: NONE	Phone #: NONE
Notification Email: NONE	Fiscal Year End Date: NONE

Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	OTHER / Portable X-ray Services	

Page 1 of 1, records 1 to 1 of 1

Trade Name Information

Business Name	Business ID	Business Status
---------------	-------------	-----------------

Trade Name Owned By

Name	Title	Address
Symphony Diagnostic Services No. 1, LLC (/online/BusinessInquire/TradeNameInformation?businessID=54653)	Business	Good Standing

Certificate of Authority # 1

(Corporation or LLC- Non-specific, open-ended)

Corporate Resolution

I, Alan Morrison, hereby certify that I am duly elected Clerk/Secretary of
(Name)

Symphony Diagnostic Services No. 1, LLC d/b/a MobilexUSA. I hereby certify the following is a true copy
(Name of Corporation or LLC)

of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on January
(Month)

2, 2018 at which a quorum of the Directors/shareholders were present and voting.
(Day) (Year)


VOTED: That Joel Kirchick, Vice President (may list more than one person) is duly authorized to
(Name and Title)

enter into contracts or agreements on behalf of Symphony Diagnostic Services No. 1, LLC d/b/a MobilexUSA
(Name of Corporation or LLC)

with the State of New Hampshire and any of its agencies or departments and further is authorized to
execute any documents which may in his/her judgment be desirable or necessary to effect the purpose of
this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of
the date of the contract to which this certificate is attached. I further certify that it is understood that the State of
New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the
position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits
on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all
such limitations are expressly stated herein.

DATED: April 3, 2019

ATTEST: 
(Name and Title)
VP and Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/31/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Willis of Texas, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: PHONE (A/C No., Ext): 1-877-945-7378 FAX (A/C No.): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Symphony Diagnostic Services No 1 LLC dba MobilexUSA 101 Rock Road Horsham, PA 19044 USA	INSURER A: Columbia Casualty Company 31127	
	INSURER B: Zurich American Insurance Company 16535	
	INSURER C: Coverys Specialty Insurance Company 15686	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** W7064111 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		HPS0000076	07/31/2018	07/31/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPOP AGG \$ 3,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		BAP-1861365-00	07/31/2018	07/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		5-10089	07/31/2018	07/31/2019	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> NO N/A	WC-1861364-00	07/31/2018	07/31/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$ 1,000,000 E.I. DISEASE - EA EMPLOYEE \$ 1,000,000 E.I. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liab.		HPS0000076	07/31/2018	07/31/2019	Per Claim 1,000,000.00 Aggregate 3,000,000.00 Ded/Per Claim 75,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage is included for referenced provider only for acts while working within their course and scope of employment for the Insured.

CERTIFICATE HOLDER NH Department of Corrections P.O. Box 1806 Concord, NH 03302-1806	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

NH DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE RULES

Cor 307 Items Considered Contraband. Contraband shall consist of:

- a) Any substance or item whose possession is unlawful for the person or the general public possessing it including but not limited to:
 - (1) narcotics
 - (2) controlled drugs or
 - (3) automatic or concealed weapons possessed by those not licensed to have them.
- b) Any firearm, simulated firearm, or device designed to propel or guide a projectile against a person, animal or target.
- c) Any bullets, cartridges, projectiles or similar items designed to be projected against a person, animal or target.
- d) Any explosive device, bomb, grenade, dynamite or dynamite cap or detonating device including primers, primer cord, explosive powder or similar items or simulations of these items.
- e) Any drug item, whether medically prescribed or not, in excess of a one day supply or in such quantities that a person would suffer intoxication or illness if the entire available quantity were consumed alone or in combination with other available substances.
- f) Any intoxicating beverage.
- g) Sums of money or negotiable instruments in excess of \$100.00.
- h) Lock-picking kits or tools or instruments on picking locks, making keys or obtaining surreptitious entry or exit.
- i) The following types of items in the possession of an individual who is not in a vehicle, but shall not be contraband stored in a secured vehicle:
 - (1) knives and knife-like weapons, clubs and club-like weapons,
 - (2) tobacco, alcohol, drugs including prescription drugs unless prior approval is granted in writing by the facility Warden/designee, or Director/designee,
 - (3) maps of the prison vicinity or sketches or drawings or pictorial representations of the facilities, its grounds or its vicinity,
 - (4) pornography or pictures of visitors or prospective visitors undressed,
 - (5) radios capable of monitoring or transmitting on the police band in the possession of other than law enforcement officials,
 - (6) identification documents, licenses and credentials not in the possession of the person to whom properly issued,
 - (7) ropes, saws, grappling hooks, fishing line, masks, artificial beards or mustaches, cutting wheels or string rope or line impregnated with cutting material or similar items to facilitate escapes,
 - (8) balloons, condoms, false-bottomed containers or other containers which could facilitate transfer of contraband.

COR 307.02 Contraband on prison grounds is prohibited. The possession, transport, introduction, use, sale or storage of contraband on the prison grounds without prior approval of the commissioner of corrections or his designee is prohibited under the provision of RSA 622:24 and RSA 622:25.

COR 307.03 Searches and Inspections Authorized.

- a) Any person or property on state prison grounds shall be subject to search to discover contraband...
Travel onto prison grounds shall constitute implied consent to search for contraband. In such cases where implied consent exists, the visitor will be given a choice of either consenting to the search or immediately leaving the prison grounds. Nothing in this rule however, prevents non-consensual searches in situations where probable cause exists to believe that the visitor is or had attempted to introduce contraband into the prison pursuant to the law of New Hampshire concerning search, seizure and arrest.
- b) All motor vehicles parked on prison grounds shall be locked and have the keys removed. Custodial personnel shall check to insure that vehicles are locked and shall visually inspect the plain view interior of the vehicles. Vehicles discovered unlocked shall be searched to insure that no contraband is present. Contraband discovered during searches shall be confiscated for evidence, as shall contraband discovered during plain view inspections.
- c) All persons entering the facilities to visit with residents or staff, or to perform services at the facilities or to tour the facilities shall be subject to having their persons checked. All items and clothing carried into the institution shall be searched for contraband.

Joel Kirchick

Name

Signature

Date

4/13/19

Kim Dacey

Witness Name

Signature

Date

4/13/19

NH DEPARTMENT OF CORRECTIONS
RULES OF CONDUCT FOR PERSONS PROVIDING CONTRACT SERVICES

1. Engaging in any of the following activities with persons under departmental control is strictly prohibited:
 - a. Any contact, including correspondence, other than the performance of your services for which you have been contracted.
 - b. Giving or selling of anything
 - c. Accepting or buying anything
2. Any person providing contract services who is found to be under the influence of intoxicants or drugs will be removed from facility grounds and barred from future entry to NH Department of Corrections property.
3. Possession of any item considered to be contraband as defined in the New Hampshire code of Administrative Rules, Part COR 307 is a violation of the rules and the laws of the State of New Hampshire and may result in legal action under RSA 622:24 or other statutes.
4. In the event of any emergency situation, i.e., fire, disturbance, etc., you will follow the instructions of the escorting staff or report immediately to the closest available staff.
5. All rules, regulations and policies of the NH Department of Corrections are designed for the safety of the staff, visitors and residents, the security of the facility and an orderly flow of necessary movement and activities. If unsure of any policy and procedure, ask for immediate assistance from a staff member.
6. Harassment and discrimination directed toward anyone based on sex, race, creed, color, national origin or age are illegal under federal and state laws and will not be tolerated in the work place. Maintenance of a discriminatory work environment is also prohibited. Everyone has a duty to observe the law and will be subject to removal for failing to do so.
7. During the performance of your services you are responsible to the facility administrator, and by your signature below, agree to abide by all the rules, regulations, policies and procedures of the NH Department of Corrections and the State of New Hampshire.
8. In lieu of Contracted staff participating in the Corrections Academy, the Vendor through the Commissioner or his designees will establish a training/orientation facilitated by the Vendor to supplement this requirement and appropriate orient Vendor staff to the rules, regulations, policies and procedures of the Department of Corrections and the State of New Hampshire.

Joel Kirchick

Name



Signature

4/3/19

Date

Kim Dacey

Witness Name



Signature

4/3/19

Date

NH DEPARTMENT OF CORRECTIONS
CONFIDENTIALITY OF INFORMATION AGREEMENT

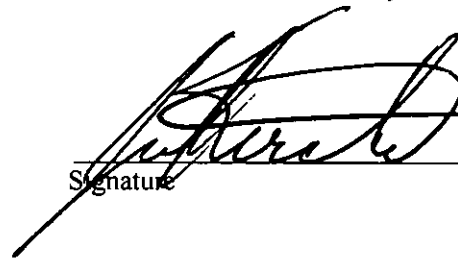
I understand and agree that all employed by the organization/agency I represent must abide by all rules, regulations and laws of the State of New Hampshire and the NH Department of Corrections that relate to the confidentiality of records and all other privileged information.

I further agree that all employed by or subcontracted through the organization I represent are not to discuss any confidential or privileged information with family, friends or any persons not professionally involved with the NH Department of Corrections. If inmates or residents of the NH Department of corrections, or, anyone outside of the NH Department of Corrections' employ approaches any of the organization's employees or subcontractors and requests information, the staff/employees of the organization I represent will immediately contact their supervisor, notify the NH Department of Corrections, and file an incident report or statement report with the appropriate NH Department of Corrections representative.

Any violation of the above may result in immediate termination of any and all contractual obligations.

Joel Kirchick

Name



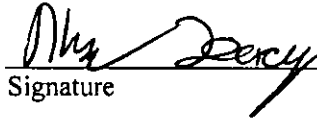
Signature

4/3/19

Date

Kim Dacey

Witness Name



Signature

4/3/19

Date

NH DEPARTMENT OF CORRECTIONS
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) Definitions

- a. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- b. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- c. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- d. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.
- e. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- f. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- g. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- h. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.
- i. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- j. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- k. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time.

(2) Use and Disclosure of Protected Health Information

a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

b. Business Associate may use or disclose PHI:

- (i) for the proper management and administration of the Business Associate;
- (ii) as required by law, pursuant to the terms set forth in paragraph d. below; or
- (iii) for data aggregation purposes for the health care operations of Covered Entity.

c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to immediately notify Business Associate of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.

d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions on the uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate

a. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, of which it becomes aware, within two (2) business days of becoming aware of such unauthorized use or disclosure or security incident.

b. Business Associate shall use administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of protected health information, in electronic or any other form, that it creates, receives, maintains or transmits under this Agreement, in accordance with the Privacy and Security Rules, to prevent the use or disclosure of PHI other than as permitted by the Agreement.

c. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.

d. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section (3)b and (3)k herein. The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be

receiving PHI pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.

e. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.

f. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.

g. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

h. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

i. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.

j. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.

k. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.

b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.

c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to standard provision #10 of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, as amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.

b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.

c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.

d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA and the Privacy and Security Rule.

e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section 3 k, the defense and indemnification provisions of section 3.d and standard contract provision #13, shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT.

NH Department of Corrections

State of New Hampshire Agency Name

Helen E. Hanks
Signature of Authorized Representative

Helen E. Hanks
Authorized DOC Representative Name

Commissioner
Authorized DOC Representative Title

4/11/19
Date

Symphony Diagnostic Services No. 1, LLC d/b/a

MobilexUSA

Contractor Name

Joel Kirchick
Contractor Representative Signature

Joel Kirchick,
Authorized Contractor Representative Name

Vice President
Authorized Contractor Representative Title

4/3/19
Date



STATE OF NEW HAMPSHIRE
 DEPARTMENT OF CORRECTIONS
 DIVISION OF ADMINISTRATION

Helen E. Hanks
 Commissioner

P.O. BOX 1806
 CONCORD, NH 03302-1806
 603-271-6610 FAX: 1-888-908-6609
 TDD Access: 1-800-735-2964
 www.nh.gov/nhdoc

Robin H. Maddaus
 Director

PRISON RAPE ELIMINATION ACT
 ACKNOWLEDGEMENT FORM

The Prison Rape Elimination Act (PREA) of 2003 (with Final Rule August 2012) is a federal law established to address the elimination and prevention of sexual assault and sexual harassment within correctional systems and detention facilities. This Act applies to all correctional facilities, including prisons, jails, juvenile facilities and community corrections residential facilities. PREA incidents involve the following conduct:

- Resident-on-resident sexual assault
- Resident-on-resident abusive sexual contact
- Staff sexual misconduct
- Staff sexual harassment, assault of a resident

The act aimed to curb prison rape through a "zero-tolerance" policy, as well as through research and information gathering. The NH Department of Corrections has zero tolerance relating to the sexual assault/rape of offenders and recognizes these offenders as crime victims. Due to this recognition and adherence to the federal Prison Rape Elimination Act (PREA) of 2003, the NH Department of Corrections extends the "zero tolerance" to the following:

- Contractor/subcontractor misconduct
- Contractor/subcontractor harassment, assault of a resident

As a Contractor and/or Subcontractor of the NH Department of Corrections, I acknowledge that I have been provided information on the Prison Rape Elimination Act of 2003 Public Law 108-79—Sept. 4, 2003 and have been informed that as a Contractor and/or Subcontractor of the NH Department of Corrections, sexual conduct between Contractor and/or Subcontractor and offenders is prohibited. Sexual harassment or sexual misconduct involving an offender can be a violation of NH RSA 632-A:2, 632-A:3 and 632-A:4, Chapter 632-A: Sexual Assault and Related Offenses, and result in criminal prosecution.

As a Contractor and/or Subcontractor of the NH Department of Corrections, I understand that I shall inform all employees of the Contractor and/or Subcontractor to adhere to all policies concerning PREA, RSA 632-A:2, RSA 632-A:3, RSA 632-A:4 and departmental policies including NHDOC PPD 5.19 - PREA; NHDOC Administrative Rules, Conduct and Confidentiality Information regarding my conduct, reporting of incidents and treatment of those under the supervision of the NH Department of Corrections. (Ref. RSA Chapter 632-A, NHDOC PPD 5.19 and Administrative Rules, Rules of Conduct for Persons Providing Contract Services, Confidentiality of Information Agreement).

Name (print): Joel Kirchick Date: 4/3/19
 (Name of Contract Signatory)
 Signature: [Signature]
 (Signature of Contract Signatory)



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION

P.O. BOX 1806
CONCORD, NH 03302-1806

603-271-6610 FAX: 603-271-6639
TDD Access: 1-800-785-2964
www.nh.gov/nhdoc

William L. Wrenn
Commissioner

Robin H. Maddaus
Director

G & C

Pending _____
Approved MAR 17 2017
Item # # 33

April 5, 2017

His Excellency, Governor Christopher T. Sununu
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the New Hampshire Department of Corrections to enter into a contract with Symphony Diagnostic Services No. 1, Inc. d/b/a MobilexUSA (VC # 200975), 930 Ridgebrook Road, Sparks, MD 21152 in the amount of \$275,100.00 to provide On-Site X-Ray, Electrocardiography (ECG) & Holter Monitoring Services for the NH Department of Corrections, from July 1, 2017 through June 30, 2019, effective upon Governor and Executive Council approval with the option to renew for one (1) additional period of up to two (2) year(s). 100% General Funds

Funding for this contract is available in the following accounts with the authority to adjust encumbrances in each of the State fiscal years through the Budget Office, if needed and justified. Funding for SFY 2018 and SFY 2019 is contingent upon the availability and continued appropriation of funds.

Symphony Diagnostic Services No. 1, Inc. d/b/a MobilexUSA

Account	Description	SFY 2018	SFY 2019	Total
02-46-46-465010-8234-101-500729	Medical Dental - Northern Region	26,300.00	26,300.00	52,600.00
02-46-46-465010-8234-101-500729	Medical Dental - Southern Region	111,250.00	111,250.00	222,500.00
Subtotal by State Fiscal Year		137,550.00	137,550.00	275,100.00

Total Contract Amount: \$275,100.00

EXPLANATION

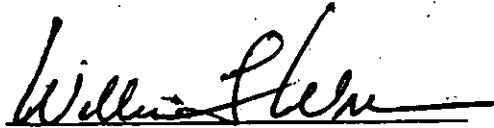
This contract is for the On-Site X-Ray, Electrocardiography & Holter Monitoring services for the Northern Correctional Facility (NCF), Berlin, NH and the Southern NH Correctional Facilities: NH State Prison for Men (NHSP-M) and Secure Psychiatric Unit (SPU), Concord, NH and the NH Correctional Facility for Women (NHCF-W), Goffstown, NH.

The RFP was posted on the New Hampshire Department of Corrections website: <http://www.nh.gov/nhdoc/business/rfp.html> for seven (7) consecutive weeks. The New Hampshire Department of Corrections also notified six (6) potential vendors of the RFP posting. As a result of the issuance of the RFP, one

(1) vendor responded by submitting their proposal. In accordance to the Terms and Conditions of the RFP, the New Hampshire Department of Corrections awarded the contract to the only bidder, in the amount of \$275,100.00, to Symphony Diagnostic Services No. 1, Inc. d/b/a MobilexUSA.

This RFP was scored utilizing a consensus methodology by a four (4) person evaluation committee for the purposes of preserving the privacy of the evaluators. The evaluation committee consisted of New Hampshire Department of Corrections employees: Paula Mattis, FACHE, Division Director, Medical and Forensic Services, Bernie Campbell, BS, PT, Deputy Director, Medical and Forensic Services, Joyce Leeka, RHIA, Medical Operations Administrator, Medical and Forensic Services and Jennifer Lind, Contract/Grant Administrator, Administration.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "William L. Wrenn", written over a horizontal line.

William L. Wrenn
Commissioner



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION

William L. Wrenn
Commissioner

Robin H. Maddaus
Director

P.O. BOX 1806
CONCORD, NH 03302-1806

603-271-5610 FAX: 603-271-5639
TDD Access: 1-800-735-2964
www.nh.gov/nhdoc

RFP Bid Evaluation and Summary
On-Site X-Ray, Electrocardiography (ECG) and Holter Monitoring Services
NHDOC 17-05-GFMED

Proposal Receipt and Review:

- Proposals will be reviewed to initially determine if minimum submission requirements have been met. The review will verify that the proposal was received before the date and time specified, with the correct number of copies, the presence of all required signatures, and that the proposal is sufficiently responsive to the needs outlined in the RFP to permit a complete evaluation. Failure to meet minimum submission requirements will result in the proposal being rejected and not included in the evaluation process.
- The Department will select a group of personnel to act as an evaluation team. Upon receipt, the proposal information will be disclosed to the evaluation committee members only. The proposal will not be publicly opened.
- The Department reserves the right to waive any irregularities, minor deficiencies and informalities that it considers not material to the proposal.
- The Department may cancel the procurement and make no award, if that is determined to be in the State's best interest.

Proposal Evaluation Criteria:

- Proposals will be evaluated based upon the proven ability of the respondent to satisfy the requirements of this request in the most cost-effective manner. Specific criteria are:
 - a. Total Estimated Cost – 40 points
 - b. Organizational Capability and Resources – 35 points
 - c. Program Structure/Plan of Operation – 15 points
 - d. Financial Stability – 5 points
 - d. Qualitative References – 5 points
- Awards will be made to the responsive Vendor(s) whose proposals are deemed to be the most advantageous to the State, taking into consideration all evaluation factors in section 34 of NHDOC 17-05-GFMED RFP.
 - a. The contract will be awarded to the Bidder submitting the lowest total cost to the State based upon the New Hampshire Department of Corrections estimated volume as long as the Vendor's Total Estimated Cost, Organizational Resources and Capability, Program Structure/Plan of Operation, Financial Stability and Qualitative References are acceptable to the Department.

Evaluation Team Members:

- a. Paula Mattis, FACHE, Director, Medical & Forensic Services, NH Department of Corrections
- b. Bernie Campbell, BS, PT, Deputy Director, Medical & Forensic Services, NH Department of Corrections
- c. Joyce Leeka, RHIA, Operations Administrator, Medical & Forensic Services, NH Department of Corrections
- d. Jennifer Lind, MBA, CMA, Contract/Grant Administrator, Administration, NH Department of Corrections

Promoting Public Safety through Integrity, Respect, Professionalism, Collaboration and Accountability



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION**

William L. Wrenn
Commissioner

Robin H. Maddaus
Director

P.O. BOX 1806
CONCORD, NH 03302-1806
603-271-5610 FAX: 603-271-5639
TDD Access: 1-800-785-2964
www.nh.gov/nhdoc

**RFP Scoring Matrix
On-Site X-Ray & Electrocardiography (ECG) and Holter Monitoring Services
NHDOC 17-05-GFMED**

Respondents:

- Symphony Diagnostic Services, No.1 Inc. d/b/a MobilexUSA, 930 Ridgebrook Road, Sparks, MD 21152

Scoring Matrix Criteria:

- Proposals were evaluated based on the proven ability of the respondents to satisfy the provisions set forth in the Scope of Services in the most cost-effective manner.
 1. Total Estimated Cost – 40 points
 2. Organizational Capability and Resources – 35 points
 3. Program Structure/Plan of Operation – 15 points
 4. Financial Stability – 5 points
 5. Qualitative References – 5 points

NHDOC 17-05-GFMED RFP Scoring Matrix		
Evaluation Criteria	RFP Weight Point Value	Symphony Diagnostic Services, No.1 Inc. d/b/a MobilexUSA 930 Ridgebrook Road, Sparks, MD 21152
Total Estimated Cost	40	40
Organizational Capability and Resources	35	35
Program Structure/Plan of Operation	15	15
Financial Stability	5	3
Qualitative References	5	5
Total	100	98

Contract Award:

- Symphony Diagnostic Services, No.1 Inc. d/b/a MobilexUSA, 930 Ridgebrook Road, Sparks, MD 21152

Promoting Public Safety through Integrity, Respect, Professionalism, Collaboration and Accountability



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION

William L. Wrenn
Commissioner

Robin H. Maddaus
Director

P.O. BOX 1806
CONCORD, NH 03302-1806
603-271-5610 FAX: 603-271-5639
TDD Access: 1-800-735-2864
www.nh.gov/nhdoo

RFP Evaluation Committee Member Qualifications
On-Site X-Ray, Electrocardiology (ECG) and Holter Monitoring Services
NHDOC 17-05-GFMED

Paula Mattis FACHE, Division Director, Medical & Forensic Services:

Ms. Mattis recently joined the NH Department of Corrections serving as the Non-Medical Director, Division of Medical & Forensic Services. Her professional history includes seven years as Administrator of Community Integration at the State of New Hampshire, New Hampshire Hospital, four years as Chief Operating Officer and three years as Acting CEO. Prior to this appointment, Ms. Mattis was President and Chief Executive Officer of the Animal Rescue League of New Hampshire. Ms. Mattis received her Bachelor of Arts degree with honors in Psychology (major) and Sociology (minor) from the University of Texas and a Master's of Social Work, specializing in Community Mental Health from the University of Illinois.

Bernie Campbell, BS, PT, Deputy Director, Medical & Forensic Services:

Ms. Campbell is the Deputy Director for the Division of Medical & Forensic Services for the NH Department of Corrections. In this capacity, Ms. Campbell's role is to administer and supervise allied health services for the Division of Medical & Forensic Services and is responsible to ensure public and institutional safety for all sites through staff and contract monitoring and evaluation. Ms. Campbell is a graduate of UMass Lowell and has involvement with the Department for over twenty-eight years, most recently in the capacity of Director of Rehabilitation Services. Ms. Campbell's past experience has included ownership of a physical therapy clinic as well as vast acute care hospital experience.

Joyce Leeka, RHIA, Medical Operations Administrator, Medical & Forensic Services:

Ms. Leeka is the Operations Administrator for the Medical and Forensic Services Division for the NH Department of Corrections. In this capacity Ms. Leeka is the subject matter expert for Health Information Management. This includes medical privacy (HIPAA), record management, Electronic Health Records and medical coding and billing to include the new ICD-10-CM system. Ms. Leeka is the Utilization Management Administrator for medical ancillary services and the Division's Contract Administrator. Ms. Leeka is a graduate of the University of Central Florida and has held positions of HIM Director, QI/UM Director and UM Coordinator in a variety of hospitals on both the east and west coasts. Ms. Leeka has also worked as a consultant in the areas of QI and long-term care. Ms. Leeka has past experience teaching ICD-9 coding, medical terminology to business office staff, DRG orientation to nursing staff and coordinated hospital-wide discharge planning activities.

Jennifer Lind, MBA, CMA, Contract/Grant Administrator, Administration:

Ms. Lind has served as the Contract and Grant Administrator since 2010. Ms. Lind is responsible for the development of the Department's request for proposals (RFPs), contracts and grants management. Ms. Lind's current responsibilities include all aspects of the RFP delivery from project management, data collection, drafting and cross function collaboration; procurement functions and management of the Department's medical, programmatic and maintenance contracts and provides managerial oversight to the Grant Division for the Department.

Promoting Public Safety through Integrity, Respect, Professionalism, Collaboration and Accountability

prior to Ms. Lind's promotion to the Contract/Grant Administrator, she held the Program Specialist IV, Contract Specialist position and the Grant Program Coordinator position of the Department. Prior to her employment with the Department, Ms. Lind held the position of Assistant Grants Administrator at the Community College System of New Hampshire for ten years. Ms. Lind received her Bachelor's of Science in Accounting from Franklin Pierce College and a Master's of Management with a Healthcare Administration concentration from New England College. Ms. Lind has supplemented her education from prior experience in the pre-hospital care setting and has maintained her Certified Medical Assistant license since 1998.

Promoting Public Safety through Integrity, Respect, Professionalism, Collaboration and Accountability

State of NH, Department of Corrections
Division of Medical & Forensic Services

RFP 17-05-GFMED, closing date: 1/13/2017



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION

William L. Wrenn
Commissioner

Robin H. Maddaus
Director

P.O. BOX 1806
CONCORD, NH 03302-1806
603-271-5610 FAX: 603-271-5689
TDD Access: 1-800-735-2964
www.nh.gov/nhdoc

RFP Bidders List
On-Site X-Ray, Electrocardiology (ECG) and Holter Monitoring Services
NHDOC 17-05-GFMED

Concord Hospital
250 Pleasant Street
Concord, NH 03301
Jay Mazurowski, Director of Radiology Services
(o) 603-225-2711, ext. 7279
jmazurow@crhc.org

MMDS of Boston, LLC
48 Silver Lake Avenue
Newton, MA 02458
(o) 617-244-9729
(f) 617-244-9730
info@mmdsboston.com
www.mmdsboston.com

Express Mobile Diagnostic Services, LLC
2030 Ader Road
Jeannette, PA 15644
Jamie Bostard, CEO
(o) 724-327-3557
(f) 724-327-0366
dgodkin@exmds.com
www.expressmobilediagnostic.com

Symphony Diagnostic Services No.1, Inc.
d/b/a MobillexUSA
185 Witmer Road
Horsham, PA 19044
Ed Smith, VP
(o) 508-6331-3701
ed.smith@mobilexusa.com
Lorelei.schmidt@mobilexusa.com

Lackawanna Mobile X-ray, Inc.
1229 Monroe Ave
Dunmore, PA 18509
Paul Woelkers
(o) 570-346-5115
Paul.woelkers@lmxr.com

Laboratory Corporation of America (LabCorp)
1440 York Court
Burlington, NC 27215-3361
George C. Maha, JD, Ph.D., MT (ASCP),
D(ABMG), Associate Vice President
(o) 336-436-7307
mahag@labcorp.com

Promoting Public Safety through Integrity, Respect, Professionalism, Collaboration and Accountability

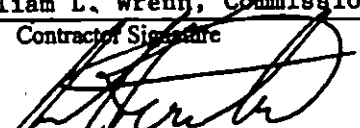
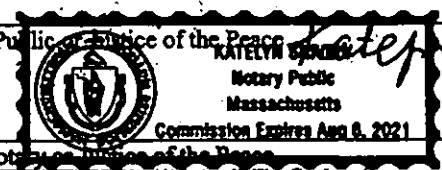
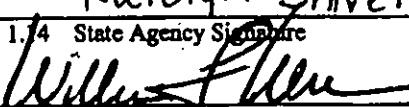


Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name STATE OF NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS		1.2 State Agency Address P.O. BOX 1806 CONCORD, NH 03302-1806	
1.3 Contractor Name SYMPHONY DIAGNOSTIC SERVICES MD. 1 LLC, c/o/a. MOBILEX USA		1.4 Contractor Address 930 RIDGEBROOK ROAD SPARKS, MD 21152	
1.5 Contractor Phone Number 508-923-0171	1.6 Account Number 02-46-46-465010-8234 101-500729	1.7 Completion Date June 30, 2019	1.8 Price Limitation \$275,100.00
1.9 Contracting Officer for State Agency William L. Wrenn, Commissioner		1.10 State Agency Telephone Number 603-271-5603	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Joel Kirchek, Vice President	
1.13 Acknowledgement: State of MA, County of _____ On 1/10/2017, before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public  [Seal]		1.13.2 Name and Title of Notary Public Katelyn Shively, Notary Public	
1.14 State Agency Signature  Date: 4/5/17		1.15 Name and Title of State Agency Signatory William L. Wrenn, Commissioner	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: 4/24/17			
1.18 Approval by the Governor and Executive Council (if applicable) By:  DEPUTY SECRETARY OF STATE MAY 17 2017			

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Contractor Initials

Date

1/10/17

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. **TERMINATION.** In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. **CONTRACTOR'S RELATION TO THE STATE.** In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. **ASSIGNMENT/DELEGATION/SUBCONTRACTS.** The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

13. **INDEMNIFICATION.** The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

Contractor Initials

Date

1/20/17

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("Workers' Compensation").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. **WAIVER OF BREACH.** No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. **NOTICE.** Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. **AMENDMENT.** This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

19. CONSTRUCTION OF AGREEMENT AND TERMS.

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. **THIRD PARTIES.** The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. **HEADINGS.** The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.


22. **SPECIAL PROVISIONS.** Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. **SEVERABILITY.** In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. **ENTIRE AGREEMENT.** This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

Contractor Initials

Date


11/10/17

SECTION D: Scope of Services, Exhibit A

1. Purpose:

The purpose of this request for proposal is to seek On-Site X-Ray, Electrocardiography (ECG) and Holter Monitoring Services for the inmates, patients and adjudicated population within the NH Department of Corrections correctional system.

2. Terms of Contract:

A Contract awarded by the NH Department of Corrections as a result of this RFP is expected to be effective for the period beginning July 1, 2017 or upon approval by the Governor and Executive Council (G&C) of the State of New Hampshire whichever is later through June 30, 2019, with an option to renew for one (1) additional period for up to two (2) years, only after the approval of the Commissioner of the NH Department of Corrections and the Governor and Executive Council.

3. Location of Services:

3.1. Northern NH Correctional Facility (NCF), Berlin, NH; Southern NH Correctional Facilities: NH State Prison for Men (NHSP-M), Secure Psychiatric Unit (SPU), Concord, NH and, NH Correctional Facility for Women (NHCF-W), Goffstown, NH which are marked with an "X" below:

Northern Region – Northern NH Correctional Facility by Service Location			
X	Northern Correctional Facility (NCF)	138 East Milan Road	Berlin, NH 03570
Southern – Southern NH Correctional Facility by Service Locations			
X	NH State Prison for Men – (NHSP-M)	281 North State Street	Concord, NH 03301
X	Secure Psychiatric Unit (SPU)	281 North State Street	Concord, NH 03301
X	NH Correctional Facility for Women – (NHCF-W)	317 Mast Road	Goffstown, NH 03045

- 3.2. Partial Proposals for requested services for the Northern and Southern Regional Area shall not be accepted.
- 3.3. Proposals that reduce the NH Department of Corrections current functions shall not be accepted.
- 3.4. Locations per contract year may be increased/decreased and or reassigned to alternate facilities during the Contract term at the discretion of the Department. Locations may be added and/or deleted after the awarding of a Contract at the discretion of the Department and upon mutual agreement of the Commissioner of the Department of Corrections and the Contractor.
- 3.5. In the event that the NH Department of Corrections wishes to add or remove facilities at which the Contractor is to provide services, it shall:
- 3.5.1. Give the Contractor fourteen (14) days written notice of the proposed change; and
- 3.5.2. Secure the Contractor's written agreement to the proposed changes.
- 3.6. Notwithstanding the foregoing, or any provision of this Agreement to the contrary, in no event shall changes to facilities be allowed that modify the "Completion Date" or "Price Limitation" of the Agreement.

The remainder of this page is intentionally blank.

4. Current Inmate/Patient/non-Adjudicated Resident Population as of 11/17/2016:

NH Department of Corrections Current Population		
Northern NH Correctional Facility (NCF)	Berlin, NH 03570	649
NH State Prison for Men - (NHSP-M)	Concord, NH 03301	1421
Secure Psychiatric Unit (SPU) / Residential Treatment Unit (RTU)	Concord, NH 03301	70
NH Correctional Facility for Women - (NHCF-W)	Goffstown, NH 03045	137
Community Corrections	Concord, Manchester	305
Current Inmate/Patient/non-Adjudicated Resident Population:		2582

5. On-site X-Ray, Electrocardiography (ECG) and Holter Monitoring Services:

Full on-site X-Ray, Electrocardiography, and Holter Monitoring services including but not limited to:

- 5.1 Services to include of the on-site X-Ray and/or performing the on-site ECG (technical component) and the interpretation of the on-site X-Ray and/or on-site ECG (professional component) to include on-site Holter Monitoring;
- 5.2. All on-site X-Rays to be interpreted by Board Certified Radiologists. All on-site ECG's are to be interpreted by Board Certified Cardiologists;
- 5.3. Routine Radiology Quality Improvement reporting agreed upon by both parties. Also, the Contractor must report any accreditation requirements for improvement;
- 5.4. The Contractor shall provide a monthly report of the number and cost of each type of on-site X-Ray, on-site ECG and on-site Holter Monitor performed by prison facility (NHSP-M, SPU, and NHCF-W) including year-to-date cumulative report with reports in Excel format is preferred;
- 5.5. Electrocardiogram to be performed by computerized electrocardiogram equipment that provides an immediate computer-interpreted report on site and is submitted for Cardiologist review;
- 5.6. The Contractor shall provide routine on-site service at the NHSP-M once a day, Monday-Friday, at a minimum. Routine on-site services at SPU and NHCF-W shall be provided, Monday-Friday, as scheduled by telephone call either the same day or the next business day;
- 5.7. The Contractor shall provide on-call service at the NHSP-M, SPU and NHCF-W Saturday, Sunday and holidays within three (3) hours of the request.
- 5.8. The Contractor shall provide routine on-site service at the NCF one (1) day a week (Monday-Friday) to be determined by mutual agreement between the NH Department of Corrections and the Contractor. On-call services for weekends and holidays will not be required.
- 5.9 Results of the Cardiologist review will be faxed within twenty-four (24) hours after the ECG is performed;
- 5.10. Verbal report from the Radiologist within two (2) hours after the service is performed.
- 5.11. All technologists performing radiology procedures will be American Registry of Radiological Technologists registered ("R.T.");
- 5.12. If licensure for Radiological Technologists should be required by the State of New Hampshire, then technologists performing the procedures shall be licensed according to New Hampshire State Laws or Regulations;
- 5.13. Radiographic images are acquired using digital technology such as Computed Radiography or Direct Radiography;
- 5.14. A mounted chest stand, either wall or free standing, will be provided by the Contractor as necessary;
- 5.15. Written report, "8½ x 11" format, of Radiologist and Cardiologist reviews will be delivered to the State Prison within forty-eight (48) hours of the services performed; and
- 5.16. Initial request format to be "8½ x 11" NCR with space provided for documentation of telephone results.

Promoting Public Safety through Integrity, Respect, Professionalism, Collaboration and Accountability

- 5.17. Provide an interface (at the prospective Contractor's expense) that shall interface with NaphCare's TechCare™ Electronic Healthcare Record (EHR).

6. General Service Provisions:

- 6.1. Contractor Tools and Equipment: The Contractor must furnish the required tools and equipment inclusive of computer hardware necessary to provide the requested services of the Contract. Any tools, containers and vehicles the Contractor needs to provide the required services must be inventoried before entering and leaving the facility and are subject to search by NH Department of Corrections security staff at any and all times while on NH Department of Corrections facility grounds.
- 6.2. Administrative Rule, Policy and Regulations: The Contractor agrees to comply with all administrative rule, policy and regulation and applicable Policy and Procedure Directives (PPD's) of the NH Department of Corrections.
- 6.3. Additional Facilities: Upon agreement of both parties, additional facilities belonging to the NH Department of Corrections may be added to the Contract. This provision may require Governor and Executive Council approval.
- 6.4. Contractor Employee Information: The Contractor shall be responsible for obtaining a criminal background check to include finger printing on all potential employees assigned by the Contractor and/or subcontractors to provide services to NH Department of Corrections. Upon award of a Contract, the NH Department of Corrections will notify the selected Contractor the procedures to obtain background checks and fingerprinting. Contractor and/or subcontractor employee hiring status shall be contingent upon receipt of a criminal background check and fingerprinting report(s), from the NH Department of Safety, and procedural review of said reports by the NH Department of Corrections.
- 6.4.1. The NH Department of Corrections reserves the right to conduct a procedural review of all criminal background checks and fingerprinting reports of all potential Contractor and/or subcontractor employees to determine eligibility status.
- 6.4.2. The NH Department of Corrections will notify the Contractor of any potential Contractor/and or subcontractor employee who does not comply with the criteria identified in Paragraph 6.4.3., below.
- 6.4.3. In addition, the Contractor and/or subcontractor shall not be able to hire employees meeting the following criteria:
- a.) Individuals convicted of a felony shall not be permitted to provided services;
 - b.) Individuals with confirmed outstanding arrest warrants shall not be permitted to provide services;
 - c.) Individuals with a record of a misdemeanor offense(s) may be permitted to provide services pending determination of the severity of the misdemeanor offense(s) and review of the criminal record history by the Director of Medical and Forensic Services and/or designee of the NH Department of Corrections;
 - d.) Individuals with restrictions on out-of-state and/or State of NH professional licenses and or certifications;
 - e.) Individuals whose professional licenses and/or certification have been revoked and reinstated from other States and/or the State of NH;
 - f.) Individuals with a history of drug diversion;
 - g.) Individuals who was a former State of NH employee and/or former Contract employee that was dismissed for cause;

Scope of Services
Exhibit A

- h.) Individuals previously employed with the NH Department of Corrections without prior approval of the NH Department of Corrections; and
 - i.) Relatives of currently incarcerated felons may not be permitted to provide services without prior approval by the NH Department of Corrections.
- 6.5. Licenses, Credentials and Certificates: The Contractor and its staff shall possess the credentials, licenses and/or certificates required by law and regulations to provide the required services.
- 6.6. Change of Ownership: In the event that the Contractor should change ownership for any reason whatsoever, the NH Department of Corrections shall have the option of continuing under the Contract with the Contractor or its successors or assigns for the full remaining term of the Contract; continuing under the Contract with the Contractor or, its successors or, assigns for such period of time as determined necessary by the NH Department of Corrections, or terminating the Contract.
- 6.7. Contractor Designated Liaison: The Contractor shall designate a representative to act as a liaison between the Contractor and the Department for the duration of the Contract and any renewals thereof. The Contractor shall, within five (5) days after the award of the Contract, submit a written identification and notification to the NH Department of Corrections of the name, title, address, telephone and fax number, of its organization as a duly authorized representative to whom all correspondence, official notices and requests related to the Contractor's performance under the Contract.
- 6.7.1. Any written notice to the Contractor shall be deemed sufficient when deposited in the U.S. mail, postage prepaid and addressed to the person designated by the Contractor under this paragraph.
 - 6.7.2. The Contractor shall have the right to change or substitute the name of the individual described above as deemed necessary provided that any such change is not effective until the Commissioner of the NH Department of Corrections actually receives notice of this change.
 - 6.7.3. Changes of the named Liaison by the Contractor must be made in writing and forwarded to: NH Department of Corrections, Director of Medical and Forensic Services, or designee, P.O. Box 1806, Concord, NH 03302
- 6.8. Contractor Liaison's Responsibilities:
- 6.8.1. Representing the Contractor on all matters pertaining to the Contract and any renewals thereof. Such representative shall be authorized and empowered to represent the Contractor regarding all aspects of the Contract and any renewals thereof;
 - 6.8.2. Monitoring the Contractor's compliance with the terms of the Contract and any renewals thereof;
 - 6.8.3. Receiving and responding to all inquiries and requests made by NH Department of Corrections in the time frames and format specified by NH Department of Corrections in this RFP and in the Contract and any renewals thereof; and
 - 6.8.4. Meeting with representatives of NH Department of Corrections on a periodic or as-needed basis to resolve issues which may arise.
- 6.9. NH Department of Corrections Contract Liaison Responsibilities: The NH Department of Corrections' Commissioner, or designee, shall act as liaison between the Contractor and NH Department of Corrections for the duration of the Contract and any renewals thereof. NH Department of Corrections reserves the right to change its representative, at its sole discretion, during the term of the Contract, and shall provide the Contractor with written notice of such change. Responsibilities of the NH Department of Corrections representative are:

Promoting Public Safety through Integrity, Respect, Professionalism, Collaboration and Accountability

Scope of Services
Exhibit A

- 6.9.1. Representing the NH Department of Corrections on all matters pertaining to the Contract. The representative shall be authorized and empowered to represent the NH Department of Corrections regarding all aspects of the Contract, subject to the approval of the Governor and Executive Council of the State of New Hampshire, where needed;
 - 6.9.2. Monitoring compliance with the terms of the Contract;
 - 6.9.3. Responding to all inquiries and requests related to the Contract made by the Contractor, under the terms and within the time frames specified by the Contract;
 - 6.9.4. Meeting with the Contractor's representative on a periodic or as-needed basis and resolving issues which arise; and
 - 6.9.5. Informing the Contractor of any discretionary action taken by NH Department of Corrections pursuant to the provisions of the Contract.
- 6.10. **Reporting Requirements:** The Contractor shall provide any and all reports as requested on an as needed basis according to a schedule and format to be determined by the NH Department of Corrections including but not limited to:
- 6.10.1. Monthly summary of the cost of services;
 - 6.10.2. Breakdowns of billings, monthly; and
 - 6.10.3. It is the intent of the NH Department of Corrections to work with the Contractor so that the Contractor can provide any reporting requirements that meets our needs.
- 6.11. **Performance Evaluation:** NH Department of Corrections shall, at its sole discretion:
- 6.11.1. Monitor and evaluate the Contractor's compliance with the terms of the Contract;
 - 6.11.2. Request additional reports the NH Department of Corrections deems necessary for the purposes of monitoring and evaluating the performance of the Contractor under the Contract; and
 - 6.11.3. Review reports submitted by the Contractor. NH Department of Corrections shall determine the acceptability of the reports. If they are not deemed acceptable, the NH Department of Corrections shall notify the Contractor and explain the deficiencies.
- 6.12. **Performance Measures:** Quality Improvement Measures (QIM) will be identified by the NH Department of Corrections QI Administrator for the Contractor in order to monitor the Contract and measure compliance with best practices, Holliday Court Order and Contracted standards.
- 6.12.1. Request additional reports and/or reviews the NH Department of Corrections deems necessary for the purposes of monitoring and evaluating the performance of the Contractor under the Contract.
 - 6.12.2. Perform periodic programmatic and financial reviews of the Contractor's performance of responsibilities. This may include, but is not limited to, on-site inspections and audits by NH Department of Corrections, or its agent of the Contractor's records. The audits may, at a minimum, include a review of the following:
 - 6.12.2.1. Claims and financial administration;
 - 6.12.2.2. Program operations;
 - 6.12.2.3. Financial reports; and
 - 6.12.2.4. Staff qualifications.
 - 6.12.3. Inform the Contractor of any dissatisfaction with the Contractor's performance and include requirements for corrective action.
 - 6.12.4. Terminate the Contract, if NH Department of Corrections determines that the Contractor is:
 - 6.12.4.1. Not in compliance with the terms of the Contract;

Promoting Public Safety through Integrity, Respect, Professionalism, Collaboration and Accountability

- 6.12.4.2. Has lost or has been notified of intention to lose their accreditation and/or licensure;
- 6.12.4.3. Has lost or has been notified of intention to lose their federal certification and/or licensure; or
- 6.12.4.4. Terminate the Contract as otherwise permitted by law.

7. Other Contract Provisions:

- 7.1. Modifications to the Contract: In the event of any dissatisfaction with the Contractor's performance, the NH Department of Corrections will inform the Contractor of any dissatisfaction and will include requirements for corrective action.
 - 7.1.1. The Department of Corrections has the right to terminate the Contract, and any renewal Contracts thereof, if the NH Department of Corrections determines that the Contractor is:
 - a.) Not in compliance with the terms of the Contract; or
 - b.) As otherwise permitted by law or as stipulated within this Contract.
- 7.2. Coordination of Efforts: The Contractor shall fully coordinate their activities in the performance of the Contract with those of the NH Department of Corrections. As the work of the Contractor progresses, the Contractor shall make advice and information on matters covered by the Contract available to NH Department of Corrections as requested by NH Department of Corrections throughout the effective period of the Contract and any renewals thereof.

8. Bankruptcy or Insolvency Proceeding Notification:

- 8.1. Upon filing for any bankruptcy or insolvency proceeding by or against the Contractor, whether voluntary or involuntary, or upon the appointment of a receiver, trustee, or assignee for the benefit of creditors, the Contractor shall notify the NH Department of Corrections immediately.
- 8.2. Upon learning of the actions herein identified, the NH Department of Corrections reserves the right at its sole discretion to either cancel the Contract in whole or in part, or, re-affirm the Contract in whole or in part.

9. Embodiment of the Contract:

- 9.1. The Contract between the NH Department of Corrections and the Contractor shall consist of:
 - 9.1.1. Request for Proposal (RFP) and any addendums thereto;
 - 9.1.2. Proposal submitted by the Vendor in response to the RFP;
 - 9.1.3. Negotiated document (Contract) agreed to by and between the parties that is ratified by a "meeting of the minds," after careful consideration of all of the terms and conditions, and that is approved by the Governor and Executive Council of the State of New Hampshire; and/or
 - 9.1.4. Negotiated Amendments to the original Contract Agreement approved by the Governor and Executive Council.
- 9.2. In the event of a conflict in language between the documents referenced above, the provisions and requirements set forth and/or referenced in the negotiated document noted in 9.1.3. shall govern.
- 9.3. The NH Department of Corrections reserves the right to clarify any contractual relationship in writing with the concurrence of the Contractor, and such written clarification shall govern in case of conflict with the applicable requirements stated in the RFP or the Vendor's Proposal and/or the result of a Contract.

Promoting Public Safety through Integrity, Respect, Professionalism, Collaboration and Accountability

10. Cancellation of Contract:

- 10.1. The Department of Corrections may cancel the Contract at any time for breach of contractual obligations by providing the Contractor with a written notice of such cancellation.
- 10.2. Should the NH Department of Corrections exercise its right to cancel the Contract for such reasons, the cancellation shall become effective on the date as specified in the notice of cancellation sent to the Contractor.
- 10.3. The NH Department of Corrections reserves the right to terminate the Contract without penalty or recourse by giving the Contractor written notice of such termination at least sixty (60) days prior to the effective termination date.
- 10.4. The NH Department of Corrections reserves the right to cancel this Contract for the convenience of the State with no penalties by giving the Contractor sixty (60) day notice of said cancellation.

11. Contractor Transition:

NH Department of Corrections, at its discretion, for any Contract resulting from this RFP, may require the Contractor to work cooperatively with any predecessor and/or successor Vendor to assure the orderly and uninterrupted transition from one Vendor to another.

12. Information:

- 12.1 In performing its obligations under the Contract, the Contractor may gain access to information of the inmates/patients, including confidential information. The Contractor shall not use information developed or obtained during the performance of, or acquired or developed by reason of the Contract, except as is directly connected to and necessary for the Vendor's performance under the Contract.
- 12.2. The Contractor agrees to maintain the confidentiality of and to protect from unauthorized use, disclosure, publication, reproduction and all information of the inmate/patient that becomes available to the Contractor in connection with its performance under the Contract.
- 12.3. In the event of unauthorized use or disclosure of the inmates/patients information, the Contractor shall immediately notify the NH Department of Corrections.
- 12.4. All material developed or acquired by the Contractor, due to work performed under the Contract, shall become the property of the State of New Hampshire. No material or reports prepared by the Contractor shall be released to the public without the prior written consent of NH Department of Corrections.
- 12.5. All financial, statistical, personnel and/or technical data supplied by NH Department of Corrections to the Contractor are confidential. The Contractor is required to use reasonable care to protect the confidentiality of such data. Any use, sale or offering of this data in any form by the Contractor, or any individual or entity in the Contractor's charge or employ, will be considered a violation of the contract and may result in contract termination. In addition, such conduct may be reported to the State Attorney General for possible criminal prosecution.

13. Audit Requirement:

Contractor agrees to comply with any recommendations arising from periodic audits on the performance of this contract, providing they do not require any unreasonable hardship, which would normally affect the value of the Contract.

14. Additional Items/Locations:

Upon agreement of both party's additional equipment and/or other facilities belonging to the NH Department of Corrections may be added to the Contract. In the same respect, equipment and/or facilities listed as part of the provision of services of the Contract may be deleted as well.

15. Public Records:

NH RSA 91-A guarantees access to public records. As such, all responses to a competitive solicitation are public records unless exempt by law. Any information submitted as part of a bid in response to this Request for Proposal or Request for Bid (RFB) or Request for Information (RFI) may be subject to public disclosure under RSA 91-A, <http://www.gencourt.state.nh.us/rsa/html/V1/91-A/91-A-mrg.htm>. In addition, in accordance with RSA 9-F:1, <http://www.gencourt.state.nh.us/rsa/html/1/9-F/9-F-1.htm>, any contract entered into as a result of this RFP (RFB or RFI) will be made accessible to the public online via the website: Transparent NH <http://www.nh.gov/transparentnh/>. Accordingly, business financial information and proprietary information such as trade secrets, business and financial models and forecasts, and proprietary formulas may be exempt from public disclosure under, RSA 91-A:5, IV, <http://www.gencourt.state.nh.us/rsa/html/V1/91-A/91-A-5.htm>. If a Bidder believes that any information submitted in response to a Request for Proposal, Bid or Information, should be kept confidential as financial or proprietary information, the Bidder must specifically identify that information in a letter to the State Agency. Failure to comply with this section may be grounds for the complete disclosure of all submitted material not in compliance with this section.

If any information being submitted in response to this request for proposal should be kept confidential as financial or proprietary information; the contractor must specifically identify that information in a letter to the agency and mark the information within the proposal as such.

Marking the entire Proposal or entire sections of the Proposal (e.g. pricing) as confidential will neither be accepted nor honored. Notwithstanding any provision in this RFP to the contrary, Contract pricing shall be subject to disclosure upon approval of a contract by the Governor and Executive Council.

Generally, each Proposal shall become public information upon the approval of Governor and Council of the resulting contract, as determined by the State, including but not limited to, RSA Chapter 91-A (Right to Know Law). The State will endeavor to maintain the confidentiality of portions of the Proposal that are clearly and properly marked confidential. If a request is made to the State to view portions of a Proposal that the Contractor has properly and clearly marked confidential, the State will notify the Contractor of the request and of the date and the State plans to release the records. A designation by the Contractor of information it believes exempt does not have the effect of making such information exempt. The State will determine the information it believes is properly exempted from disclosure. By submitting a Proposal, Contractors agree that unless the Contractor obtains a court order, at its sole expense, enjoining the release of the requested information, the State may release the requested information on the date specified in the State's notice without any liability to the Contractor(s).

16. Prison Rape Elimination Act (PREA) of 2003:

Contractor must comply with the Prison Rape Elimination Act (PREA) of 2003 (Federal Law 42 U.S.C.15601 et. seq.), with all applicable Federal PREA standards, and with all State policies and standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within facilities/programs/offices owned, operated, or contracted. Contractor

Promoting Public Safety through Integrity, Respect, Professionalism, Collaboration and Accountability

acknowledges that, in addition to self-monitoring requirements, the State will conduct compliance monitoring of PREA standards which may require an outside independent audit.

17. Criminal Background Check:

The Contractor shall be responsible for providing the Name, Date of Birth (DOB) and Social Security number of all auditors the Contractor plans to assign for On-Site X-Ray, Electrocardiography (ECG) and Holter Monitoring Services. The NH Department of Corrections will do a criminal record check on all prospective Contractor employees who might be assigned to provide services for the NH Department of Corrections. Anyone who is found to have a criminal record shall not be allowed to provide On-Site X-Ray, Electrocardiography (ECG) and Holter Monitoring Services. Contractor employee names must be submitted to the NH Department of Corrections, Director of Medical and Forensic Services, or designee, P.O. Box 1806, Concord, NH 03302, at least seven (7) days before the person(s) are to provide services. This rule applies for any current and new Contractor employee that is assigned to perform On-Site X-Ray, Electrocardiography (ECG) and Holter Monitoring Services for the Department and applies for the duration of the Contract and any renewals thereof.

18. Special Notes:

- 18.1. The headings and footings to the sections of this document are for convenience only and shall not affect the interpretation of any section.
- 18.2. The NH Department of Corrections reserves the right to require use of a third party administrator during the life of the Contract and any renewals thereof.
- 18.3. Partial Proposals for the requested On-Site X-Ray, Electrocardiography (ECG) and Holter Monitoring Services for the NH Department of Corrections shall not be accepted.
- 18.4. Locations per contract year may be increased/decreased and or reassigned to alternate facilities during the Contract term at the discretion of the Department. Locations may be added and/or deleted after the awarding of a Contract at the discretion of the Department and upon mutual agreement of the Commissioner of the Department of Corrections and the Contractor.
- 18.5. In the event that the NH Department of Corrections wishes to add or remove facilities at which the Contractor is to provide services, it shall:
 - 18.5.1. Give the Contractor fourteen (14) days written notice of the proposed change; and
 - 18.5.2. Secure the Contractor's written agreement to the proposed changes.
- 18.6. Notwithstanding the foregoing, or any provision of this Agreement to the contrary, in no event shall changes to facilities be allowed that modify the "Completion Date" or "Price Limitation" of the Agreement.
- 18.7. Contractor shall provide, for the life of the Contract and any renewals thereof, the minimum General Liability coverage to be no less than \$1,000,000.00 per each occurrence and \$2,000,000.00 general aggregate.
- 18.8. Contractor shall provide, for the life of the Contract and any renewals thereof, proof of Workers' Compensation and Employers' Liability Insurance.
- 18.9. Contractor shall provide proof and identify limits and expiration dates of General Liability, Excess Umbrella Liability coverage (if applicable), Workers' Compensation and Employers' Liability, Professional Liability, Malpractice Liability and Business Owners Policy (if applicable).

Estimated Budget/Method of Payment
Exhibit B

2. Estimated Budget - Northern Fee Schedule:

Item #	Est. Volume Per Year	Description	Unit Cost	Annual Cost (Est. Vol. X Unit Cost)
1	1	AC Joints Bilateral	\$ 60	\$ 60
2	8	Abdomen 1 view	\$ 60	\$ 480
3	1	Abdomen 2 view	\$ 60	\$ 60
4	1	Abdomen 2 - 3 view	\$ 60	\$ 60
5	7	Ankle - Left - 3 view	\$ 60	\$ 420
6	7	Ankle - Right - 3 view	\$ 60	\$ 420
7	0	Blood Gases	\$ 60	\$ 0
8	1	Cervical Spine w/ flex + Ext	\$ 60	\$ 60
9	1	Cervical Spine 1 view	\$ 60	\$ 60
10	2	Cervical Spine 2 - 3 view	\$ 60	\$ 120
11	4	Cervical Spine 4 view	\$ 60	\$ 240
12	1	Chest 1 view (AP/PA)	\$ 60	\$ 60
13	1	Chest 1 view (LAT)	\$ 60	\$ 60
14	56	Chest 2 view (PA+LAT)	\$ 60	\$ 3360
15	1	Chest - Bilat - Ducub	\$ 60	\$ 60
16	1	Chest - Left - Ducub	\$ 60	\$ 60
17	1	Chest - Right - Ducub	\$ 60	\$ 60
18	1	Chest w/ Oblique	\$ 60	\$ 60
19	1	Clavicle - Left	\$ 60	\$ 60
20	1	Clavicle - Right	\$ 60	\$ 60
21	10	Elbow - Left - 3 view	\$ 60	\$ 600
22	10	Elbow - Right - 3 view	\$ 60	\$ 600
23	40	Electrocardiogram	\$ 60	\$ 2400
24	1	Facial Bones 3 - 4 view	\$ 60	\$ 60
25	1	Femur - Left	\$ 60	\$ 60
26	1	Femur - Right	\$ 60	\$ 60
27	1	Fingers - Left - 2 view	\$ 60	\$ 60
28	1	Fingers - Right - 2 view	\$ 60	\$ 60
29	8	Foot - Left - 3 view	\$ 60	\$ 480
30	8	Foot - Right - 3 view	\$ 60	\$ 480
31	1	Forearm - Left - 2 view	\$ 60	\$ 60
32	1	Forearm - Right - 2 view	\$ 60	\$ 60
33	10	Forearm - Left - 2 view AP/LAT inc. Elbow/Wrist Joints	\$ 60	\$ 600
34	10	Forearm - Right - 2 view AP/LAT inc. Elbow/Wrist Joints	\$ 60	\$ 600
35	10	Hand - Left - 3 view (AP, LAT, Oblique - LAT W/Fingers Fanned: inc. Wrist Joint)	\$ 60	\$ 600
36	20	Hand - Right - 3 view (AP, LAT, Oblique - LAT W/Fingers Fanned: inc. Wrist Joint)	\$ 60	\$ 1200
37	5	Hip - Left - 2 view (Cross Table LAT + Pelvis AP)	\$ 60	\$ 300
38	5	Hip - Right - 2 view (Cross Table LAT + Pelvis AP)	\$ 60	\$ 300
39	1	Humerus - Left	\$ 60	\$ 60
40	1	Humerus - Right	\$ 60	\$ 60
41	5	Knee Left - 1 - 2 view	\$ 60	\$ 300
42	20	Knee Left - 3 view (Notch, Lateral, Sunrise)	\$ 60	\$ 1200
43	5	Knee Right - 1 - 2 view	\$ 60	\$ 300
Subtotal Annual Cost Column: (Subtotal Items # 1 - 43)				\$ 13,600

Promoting Public Safety through Integrity, Respect, Professionalism, Collaboration and Accountability

State of NH, Department of Corrections
Division of Medical and Forensic Services

RFP 17-05-GFMRD, closing date: 1/13/2017
Page 27 of 35

Vendor Initials: 

Estimated Budget/Method of Payment
Exhibit B

2a. Estimated Budget - Northern Fee Schedule, Continued:

Item #	Est. Volume Per Year	Description	Unit Cost	Annual Cost (Est. Vol. X Unit Cost)
44	20	Knee Right - 3 view (Notch, Lateral, Sunrise)	\$ 50	\$ 1000
45	13	Knee Left - 3 view	\$ 50	\$ 650
46	13	Knee Right - 3 view	\$ 50	\$ 650
47	1	Knee Left - 4 view	\$ 50	\$ 50
48	1	Knee Right - 4 view	\$ 50	\$ 50
49	20	Knee AP Bilateral Weightbearing	\$ 50	\$ 1000
50	5	Knee Left - ACL (AP/LAT done in Ext)	\$ 50	\$ 250
51	5	Knee Right - ACL (AP/LAT done in Ext)	\$ 50	\$ 250
52	1	Lumbar Sacral - 1 view	\$ 50	\$ 50
53	14	Lumbar Sacral Spine - 2 - 3 view	\$ 50	\$ 700
54	6	Lumbar Sacral Spine - 4 view	\$ 50	\$ 300
55	1	Lumbar Sacral Spine Routine w/ Flex + Ext	\$ 50	\$ 50
56	1	Mandible - 4 view	\$ 50	\$ 50
57	1	Mastoids	\$ 50	\$ 50
58	1	Nasal Bones	\$ 50	\$ 50
59	1	Neck Soft Tissue	\$ 50	\$ 50
60	1	Orbits	\$ 50	\$ 50
61	1	OS Calcis - Heel - Left	\$ 50	\$ 50
62	1	OS Calcis - Heel - Right	\$ 50	\$ 50
63	10	Pelvis AP, Frog Leg Lateral	\$ 50	\$ 500
64	1	Pelvis I - 2 view	\$ 50	\$ 50
65	1	Pelvis - AP - w/ Uni - Hip	\$ 50	\$ 50
66	1	Pelvis + Bi - Hips	\$ 50	\$ 50
67	1	Patella - Left	\$ 50	\$ 50
68	1	Patella - Right	\$ 50	\$ 50
69	1	Penis	\$ 50	\$ 50
70	1	Ribs + PA Chest - Left	\$ 50	\$ 50
71	1	Ribs + PA Chest - Right	\$ 50	\$ 50
72	1	Ribs + Bilateral PA Chest	\$ 50	\$ 50
73	1	Sacroiliac (SI) Joints	\$ 50	\$ 50
74	1	Sacrum & Coccyx - 2 view	\$ 50	\$ 50
75	1	SC - Joints	\$ 50	\$ 50
76	1	Scapula - Left	\$ 50	\$ 50
77	1	Scapula - Right	\$ 50	\$ 50
78	10	Shoulder - Left	\$ 50	\$ 500
79	10	Shoulder - Right	\$ 50	\$ 500
80	10	Shoulder - Left - 3 view (True AP, Y-View, Axillary) Impingement	\$ 50	\$ 500
81	10	Shoulder - Right - 3 view (True AP, Y-View, Axillary) Impingement	\$ 50	\$ 500
82	10	Shoulder - Left - 4 view (True AP, Axillary, Westpoint Axillary, Regular Y-View) Instability	\$ 50	\$ 500
83	10	Shoulder - Right - 4 view (True AP, Axillary, Westpoint Axillary, Regular Y-View) Instability	\$ 50	\$ 500
84	10	Shoulder - Left - 3 view (Neer View, Internal and External, Axillary, and Regular Y-View) Follow up Trauma	\$ 50	\$ 500
85	10	Shoulder - Right - 3 view (Neer View, Internal and External, Axillary, and Regular Y-View) Follow up Trauma	\$ 50	\$ 500
Subtotal Annual Cost Column: (Subtotal Items # 44 - 85)				\$ 10650

Promoting Public Safety through Integrity, Respect, Professionalism, Collaboration and Accountability

State of NH, Department of Corrections
Division of Medical and Forensic Services

RFP 17-05-GFMED, closing date: 1/13/2017
Page 28 of 35

Vendor Initials: *[Signature]*

**Estimated Budget/Method of Payment
Exhibit B**

2a. Estimated Budget – Northern Fee Schedule, Continued:

Item #	Est. Volume Per Year	Description	Unit Cost	Annual Cost (Est. Vol. X Unit Cost)
86	2	Sinuses – 3 view	\$ 50	\$ 100
87	1	Skull – 2 view	\$ 50	\$ 50
88	1	Skull Less than 4 view	\$ 50	\$ 50
89	1	Skull – 4 view Minimum	\$ 50	\$ 50
90	1	Sternum	\$ 50	\$ 50
91	1	Spine – Thoracic – 1 view	\$ 50	\$ 50
92	1	Spine – Thoracic – 2 view	\$ 50	\$ 50
93	4	Spine – Thoracic – AP + LAT – w/ Oblique	\$ 50	\$ 200
94	1	Spine – Thoracic Routine w/ Flex + Ext	\$ 50	\$ 50
95	1	Tibia & Fibula – Left – 2 view (AP, LAT inc. Ankle/Knee Joint)	\$ 50	\$ 50
96	1	Tibia & Fibula – Right – 2 view (AP, LAT inc. Ankle/Knee Joint)	\$ 50	\$ 50
97	1	TMJ	\$ 50	\$ 50
98	1	Toes – Left – 3 view (AP/LAT, External Oblique)	\$ 50	\$ 50
99	1	Toes – Right – 3 view (AP/LAT, External Oblique)	\$ 50	\$ 50
100	6	Wrist – Left – 3 view (AP/LAT, Oblique)	\$ 50	\$ 300
101	10	Wrist – Right – 3 view (AP/LAT, Oblique)	\$ 50	\$ 500
102	1	Wrist w/ Navicular – Left	\$ 50	\$ 50
103	1	Wrist w/ Navicular – Right	\$ 50	\$ 50
104	1	Wrist & Hand – Left	\$ 50	\$ 50
105	1	Wrist & Hand – Right	\$ 50	\$ 50
106	1	Zygomatic Arch	\$ 50	\$ 50
107	2	Holter Monitoring	\$ 50	\$ 100
108	2	Holter Scan	\$ 50	\$ 100
Subtotal Annual Cost Column: (Subtotal Items # 86 - 108)				\$ 2,150
Total Cost Per Year: (Add Subtotal Annual Cost Column, Page 27 of 35 (Items # 1 - 43), Page 28 of 35 (Items # 44 – 85) and Page 29 of 35 (Items # 86-108))				\$ 26,300
Northern Region Two Year Total Cost: Multiply Total Cost Per Year, (Items # 1 – 108) by 2				\$ 52,600

The remainder of this page is intentionally blank.

Promoting Public Safety through Integrity, Respect, Professionalism, Collaboration and Accountability

State of NH, Department of Corrections
Division of Medical and Forensic Services

RFP 17-05-GFMED, closing date: 1/13/2017
Page 29 of 35

Vendor Initials: 

**Estimated Budget/Method of Payment
Exhibit B**

3. Estimated Budget – Southern Fee Schedule:

Item #	Est. Volume Per Year	Description	Unit Cost	Annual Cost (Est. Vol. X Unit Cost)
1	1	AC Joints Bilateral	\$ 50	\$ 50
2	107	Abdomen 1 view	\$ 50	\$ 5350
3	14	Abdomen 2 view	\$ 50	\$ 700
4	2	Abdomen 2 – 3 view	\$ 50	\$ 100
5	38	Ankle – Left – 3 view	\$ 50	\$ 1900
6	38	Ankle – Right – 3 view	\$ 50	\$ 1900
7	1	Blood Gases	\$ 50	\$ 50
8	1	Cervical Spine w/ flex + Ext	\$ 50	\$ 50
9	1	Cervical Spine 1 view	\$ 50	\$ 50
10	60	Cervical Spine 2 – 3 view	\$ 50	\$ 3000
11	1	Cervical Spine 4 view	\$ 50	\$ 50
12	253	Chest 1 view (AP/PA)	\$ 50	\$ 12650
13	1	Chest 1 view (LAT)	\$ 50	\$ 50
14	142	Chest 2 view (PA+LAT)	\$ 50	\$ 7100
15	1	Chest – Bilateral – Ducub	\$ 50	\$ 50
16	1	Chest – Left – Ducub	\$ 50	\$ 50
17	1	Chest – Right – Ducub	\$ 50	\$ 50
18	1	Chest w/ Oblique	\$ 50	\$ 50
19	3	Clavicle – Left	\$ 50	\$ 150
20	3	Clavicle – Right	\$ 50	\$ 150
21	23	Elbow – Left – 3 view	\$ 50	\$ 1150
22	32	Elbow – Right – 3 view	\$ 50	\$ 1600
23	246	Electrocardiogram	\$ 50	\$ 12300
24	18	Facial Bones 3 – 4 view	\$ 50	\$ 900
25	6	Femur – Left	\$ 50	\$ 300
26	6	Femur – Right	\$ 50	\$ 300
27	26	Fingers – Left – 2 view	\$ 50	\$ 1300
28	26	Fingers – Right – 2 view	\$ 50	\$ 1300
29	30	Foot – Left – 3 view	\$ 50	\$ 1500
30	30	Foot – Right – 3 view	\$ 50	\$ 1500
31	5	Forearm – Left – 2 view	\$ 50	\$ 250
32	5	Forearm – Right – 2 view	\$ 50	\$ 250
33	10	Forearm – Left – 2 views AP/LAT inc. Elbow/Wrist Joints	\$ 50	\$ 500
34	10	Forearm – Right – 2 views AP/LAT inc. Elbow/Wrist Joints	\$ 50	\$ 500
35	50	Hand - Left – 3 view (AP, LAT, Oblique - LAT W/Fingers Fanned: inc. Wrist Joint)	\$ 50	\$ 2500
36	50	Hand - Right – 3 view (AP, LAT, Oblique - LAT W/Fingers Fanned: inc. Wrist Joint)	\$ 50	\$ 2500
37	22	Hip – Left – 2 view (Cross Table LAT + Pelvis AP)	\$ 50	\$ 1100
38	22	Hip – Right – 2 view (Cross Table LAT + Pelvis AP)	\$ 50	\$ 1100
39	10	Humerus – Left	\$ 50	\$ 500
40	10	Humerus – Right	\$ 50	\$ 500
41	47	Knee Left – 1 – 2 view	\$ 50	\$ 2350
42	20	Knee Left – 3 view (Notch, Lateral, Sunrise)	\$ 50	\$ 1000
43	47	Knee Right – 1 – 2 view	\$ 50	\$ 2350
Subtotal Annual Cost Column: (Subtotal Items # 1 - 43)				\$ 71,050

Promoting Public Safety through Integrity, Respect, Professionalism, Collaboration and Accountability

State of NH, Department of Corrections
Division of Medical and Forensic Services

RFP 17-05-GFMED, closing date: 1/13/2017
Page 30 of 35

Vendor Initials: 

**Estimated Budget/Method of Payment
Exhibit B**

3a. Estimated Budget – Southern Fee Schedule, Continued:

Item #	Est. Volume Per Year	Description	Unit Cost	Annual Cost (Est. Vol. X Unit Cost)
44	24	Knee Left – 3 view	\$ 50	\$ 1200
45	20	Knee Right – 3 view (Notch, Lateral, Sunrise)	\$ 50	\$ 1000
46	24	Knee Right – 3 view	\$ 50	\$ 1200
47	1	Knee Left – 4 view	\$ 50	\$ 50
48	1	Knee Right – 4 view	\$ 50	\$ 50
49	30	Knee AP Bilateral Weightbearing	\$ 50	\$ 1500
50	10	Knee Left – ACL (AP/LAT done in Ext)	\$ 50	\$ 500
51	10	Knee Right – ACL (AP/LAT done in Ext)	\$ 50	\$ 500
52	2	Lumbar Sacral – 1 view	\$ 50	\$ 100
53	152	Lumbar Sacral Spine – 2 – 3 view	\$ 50	\$ 7600
54	1	Lumbar Sacral Spine – 4 view	\$ 50	\$ 50
55	1	Lumbar Sacral Spine Routine w/ Flex + Ext	\$ 50	\$ 50
56	1	Mandible – 4 view	\$ 50	\$ 50
57	1	Mastoids	\$ 50	\$ 50
58	6	Nasal Bones	\$ 50	\$ 300
59	1	Neck Soft Tissue	\$ 50	\$ 50
60	1	Orbits	\$ 50	\$ 50
61	7	OS Calcis – Heel – Left	\$ 50	\$ 350
62	7	OS Calcis – Heel – Right	\$ 50	\$ 350
63	20	Pelvis AP, Frog Leg Lateral	\$ 50	\$ 1000
64	19	Pelvis I – 2 view	\$ 50	\$ 950
65	1	Pelvis – AP – w/ Uni – HIP	\$ 50	\$ 50
66	2	Pelvis + Bi – Hips	\$ 50	\$ 100
67	1	Patella – Left	\$ 50	\$ 50
68	1	Patella – Right	\$ 50	\$ 50
69	1	Penis	\$ 50	\$ 50
70	8	Ribs + PA Chest – Left	\$ 50	\$ 400
71	8	Ribs + PA Chest – Right	\$ 50	\$ 400
72	1	Ribs + Bilateral PA Chest	\$ 50	\$ 50
73	3	Sacroiliac (SI) Joints	\$ 50	\$ 150
74	2	Sacrum & Coccyx – 2 view	\$ 50	\$ 100
75	1	SC – Joints	\$ 50	\$ 50
76	1	Scapula – Left	\$ 50	\$ 50
77	1	Scapula – Right	\$ 50	\$ 50
78	60	Shoulder – Left	\$ 50	\$ 3000
79	60	Shoulder – Right	\$ 50	\$ 3000
80	20	Shoulder – Left – 3 view (True AP, Y-View, Axillary) Impingement	\$ 50	\$ 1000
81	20	Shoulder – Right – 3 view (True AP, Y-View, Axillary) Impingement	\$ 50	\$ 1000
82	20	Shoulder – Left – 4 view (True AP, Axillary, Westpoint Axillary, Regular Y-View) Instability	\$ 50	\$ 1000
83	20	Shoulder – Right – 4 view (True AP, Axillary, Westpoint Axillary, Regular Y-View) Instability	\$ 50	\$ 1000
84	20	Shoulder – Left – 3 view (Neer View, Internal and External, Axillary, and Regular Y-View) Follow up Trauma	\$ 50	\$ 1000
85	20	Shoulder – Right – 3 view (Neer View, Internal and External, Axillary, and Regular Y-View) Follow up Trauma	\$ 50	\$ 1000
Subtotal Annual Cost Column: (Subtotal Items # 44 - 85)				\$ 30,500

Promoting Public Safety through Integrity, Respect, Professionalism, Collaboration and Accountability

Vendor Initials: 

**Estimated Budget/Method of Payment
Exhibit B**

3a. Estimated Budget – Southern Fee Schedule, Continued:

Item #	Est. Volume Per Year	Description	Unit Cost	Annual Cost (Est. Vol. X Unit Cost)
86	10	Sinuses – 3 view	\$ 50	\$ 500
87	1	Skull – 2 view	\$ 50	\$ 50
88	1	Skull Less than 4 view	\$ 50	\$ 50
89	2	Skull – 4 view Minimum	\$ 50	\$ 100
90	2	Sternum	\$ 50	\$ 100
91	1	Spine – Thoracic – 1 view	\$ 50	\$ 50
92	49	Spine – Thoracic – 2 view	\$ 50	\$ 2450
93	1	Spine – Thoracic – AP + LAT – w/ Oblique	\$ 50	\$ 50
94	5	Spine – Thoracic Routine w/ Flex + Ext	\$ 50	\$ 250
95	8	Tibia & Fibula – Left – 2 view (AP, LAT inc. Ankles/Knee Joint)	\$ 50	\$ 400
96	8	Tibia & Fibula – Right – 2 view (AP, LAT inc. Ankles/Knee Joint)	\$ 50	\$ 400
97	1	TMJ	\$ 50	\$ 50
98	3	Toes – Left – 3 view (AP/LAT, External Oblique)	\$ 50	\$ 150
99	3	Toes – Right – 3 view (AP/LAT, External Oblique)	\$ 50	\$ 150
100	27	Wrist – Left – 3 view (AP/LAT, Oblique)	\$ 50	\$ 1350
101	27	Wrist – Right – 3 view (AP/LAT, Oblique)	\$ 50	\$ 1350
102	1	Wrist w/ Navicular – Left	\$ 50	\$ 50
103	1	Wrist w/ Navicular – Right	\$ 50	\$ 50
104	3	Wrist & Hand – Left	\$ 50	\$ 150
105	3	Wrist & Hand – Right	\$ 50	\$ 150
106	1	Zygomatic Arch	\$ 50	\$ 50
107	18	Holter Monitoring	\$ 50	\$ 900
108	18	Holter Scan	\$ 50	\$ 900
Subtotal Annual Cost Column: (Subtotal Items # 86 - 108)				\$ 9,700
Total Cost Per Year: [Add Subtotal Annual Cost Column, Page 30 of 35 (Items # 1 - 43), Page 31 of 35 (Items # 44 – 85) and Page 32 of 35 (Items # 86-108)]				\$ 111,250
Southern Region Two Year Total Cost: Multiply Total Cost Per Year, (Items # 1 – 108) by 2				\$ 222,500

The remainder of this page is intentionally blank.

4. Method of Payment:

- 4.1. Services are to be invoiced monthly commencing thirty (30) days after the start of service. Due dates for monthly invoices will be the 15th of the month following the month in which services are provided.
- 4.2. Invoices shall be submitted no later than sixty (60) days post-date of services rendered.
- 4.3. Invoices shall be sent to the NH Department of Corrections, c/o Director of Medical & Forensic Services, PO Box 1806, Concord, NH 03302-1806
- 4.4. Once approved, the original invoices shall be forwarded to the Accounts Payable unit of the Department's Bureau of Financial Services for processing and issuance of payment.
- 4.5. The NH Department of Corrections may make adjustments to the payment amount identified on a Contractor's monthly invoice. The NH Department of Corrections shall suspend payment to an invoice if an invoice is not submitted in accordance with the instructions established by the NH Department of Corrections.
- 4.6. The NH Department of Corrections Bureau of Financial Services may issue payment to the Contractor within thirty (30) days of receipt of an approved invoice. Invoices shall contain the following information, but not limited to:
 - 4.6.1. Invoice date & number;
 - 4.6.2. Description of services rendered;
 - 4.6.3. Dates of said service(s); and
 - 4.6.4. Cost of services.
- 4.7. Payment shall be made to the name and address identified in the Contract as the "Contractor" unless: (a) the Contractor has authorized a different name and mailing address in writing or; (b) authorized a different name and mailing address in an official State of New Hampshire Contractor Registration Application Form; or (c) unless a court of law specifies otherwise. The Contractor shall not invoice federal tax. The State's tax-exempt certificate number is 026000618.
- 4.8. For contracting purposes, the State's Fiscal Calendar Year starts on July 1st and ends on June 30th of the following year. For budgeting purposes, year one (1) of the Contract shall end on June 30, 2018.

5. Appropriation of Funding:

- 5.1. The Contractor shall agree that the funds expended for the purposes of the Contract must be appropriated by the General Court of the State of New Hampshire for each State fiscal year included within the Contract period. Therefore, the Contract shall automatically terminate without penalty or termination costs if such funds are not fully appropriated.
 - 5.1.1. In the event that funds are not fully appropriated for the Contract, the Contractor shall not prohibit or otherwise limit NH Department of Corrections the right to pursue and contract for alternate solutions and remedies as deemed necessary for the conduct of State government affairs.
 - 5.1.2. The requirements stated in this paragraph shall apply to any amendment or the execution of any option to extend the Contract.

The remainder of this page is intentionally blank.

SECTION F: Special Provisions, Exhibit C

1. Special Provisions:

- 1.1. There are no additional provisions set forth in this Exhibit, Special Provisions, to be incorporated as part of this Contract.

The remainder of this page is intentionally blank.

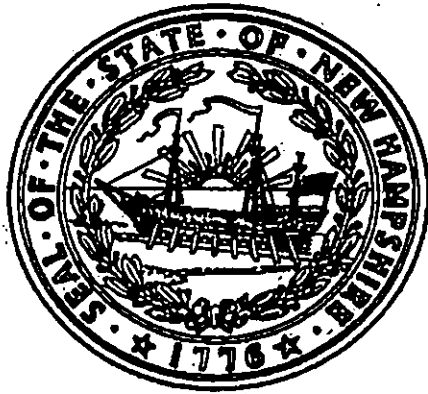
State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that SYMPHONY DIAGNOSTIC SERVICES NO. 1, LLC is a California Limited Liability Company registered to transact business in New Hampshire on June 03, 2004. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 259808



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 4th day of April A.D. 2017.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State

Business Information

Business Details

SYMPHONY DIAGN		Business ID: 259808
Business Name: OSTIC SERVICES N O. 1, LLC		Business Status: Good Standing
Business Type: Foreign Limited Liability Company		Name in SYMPHONY State of DIAGNOSTIC Formation: SERVICES NO. 1, LLC
Business Creation Date: 06/03/2004		
Date of Formation in 06/03/2004		
Jurisdiction:		
Principal Office Address: 930 Ridgebrook Roa d, Sparks, MD, 2115 2, USA		Mailing Address: 930 Ridgebrook Roa d, Sparks, MD, 21152, USA
Citizenship / State of Formation: Foreign/California		
		Last Annual Report Year: 2017
		Next Report Year: 2018
Duration: Perpetual		
Business Email: vincent.forgione@tri dentusahealth.com		Phone #: NONE
Notification Email: NONE		Fiscal Year End Date: NONE

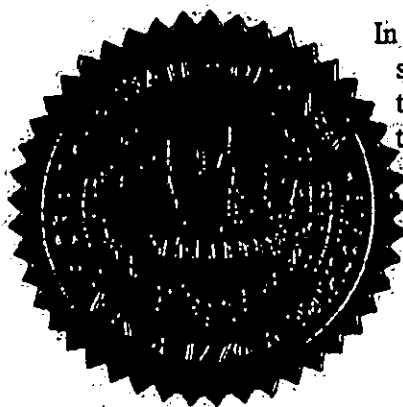
Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	OTHER / Mobile medical diagnostic services.	

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that MobilexUSA is a New Hampshire trade name registered on July 24, 2014 and that Symphony Diagnostic Services No. 1, LLC presently own(s) this trade name. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 26th day of January, A.D. 2015

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

Registered Agent Information

Name: C T Corporation System

Registered Office Address: 9 Capitol Street, Concord, NH, 03301, USA

Registered Mailing Address: Not Available

Registered Mailing Address: Not Available

Trade Name Information

Business Name	Business ID	Business Status
MOBILEXUSA (/online/BusinessInquire/TradeNameInformation? businessID=151598)	477494	Inactive
MobilixUSA (/online/BusinessInquire/TradeNameInformation? businessID=539915)	712364	Active

Trade Name Owned By

Name	Title	Address
------	-------	---------

[Filing History](#)

[Address History](#)

[View All Other Addresses](#)

[Name History](#)

[Shares](#)

[Return to Search](#)

[Back](#)

NH Department of State, Corporation Division, State House Annex, 3rd Floor Room 317, 25 Capitol St, Concord, NH 03301

Email: corporate@sos.nh.gov (mailto:corporate%40sos.nh.gov)

© 2014 PCC Technology Group, LLC, All Rights Reserved.

Limited Partnership or LLC Certification of Authority

I, Patricia Tortorella, hereby certify that I am a Partner, Member or Manager
(Name)

of Symphony Diagnostic Services No 1. d/b/a Moblhexusa a limited liability partnership under RSA 304-B or a
(Name of Partnership or LLC)

limited liability company under RSA 304-C.

I certify that I am authorized to bind the partnership or LLC.

I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person listed above currently occupies the position indicated and that they have full authority to bind the partnership or LLC and that this authorization has not expired.

DATED: 1/10/2017

ATTEST: Patricia Tortorella
(Name and Title)

VP/RGM





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/31/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis of Texas, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: PHONE (AC No. Ext): 1-877-945-7378 FAX (AC No.): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Symphony Diagnostic Services No 1 LLC dba MobilixUSA 101 Rock Road Kershaw, PA 19044 USA	INSURER A: Columbia Casualty Company 31127	
	INSURER B: Liberty Mutual Fire Insurance Company 23035	
	INSURER C: Coverys Specialty Insurance Company 15686	
	INSURER D: American Casualty Company of Reading, PA 20427	
	INSURER E: Transportation Insurance Company 20494	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: W3169327

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WORD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	N N	EMA 6050137849	07/31/2017	07/31/2018	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)					\$ 1,000,000	
						MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 3,000,000
						PRODUCTS - COMP/OP AGG	\$ 3,000,000
							\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	N N	AB2-661-067042-017	07/31/2017	07/31/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB	N N	5-10089	07/31/2017	07/31/2018	EACH OCCURRENCE	\$ 10,000,000
						AGGREGATE	\$ 10,000,000
							\$
	DED RETENTION \$						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A N	WC 6049697366	07/31/2017	07/31/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Workers Compensation Per Statute	N N	WC 6049696654	07/31/2017	07/31/2018	Each Accident	1,000,000
						Each Employee	1,000,000
						Policy Limit	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SEE ATTACHED

CERTIFICATE HOLDER**CANCELLATION**
 NH Department of Corrections
 P.O. Box 1806
 Concord, NH 03302-1806

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of Texas, Inc.		NAMED INSURED Symphony Diagnostic Services No 1 LLC dba MobiluxUSA 101 Rock Road Horsham, PA 19064 USA	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Transportation Insurance Company **NAIC#: 20494**
POLICY NUMBER: WC 6049697838 **EFF DATE:** 07/31/2017 **EXP DATE:** 07/31/2018

ADDITIONAL INSURED: N
SUBROGATION WAIVED: N

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation	Each Accident	1,000,000.00
Per Statute	Each Employee	1,000,000.00
	Policy Limit	1,000,000.00

INSURER AFFORDING COVERAGE: Columbia Casualty Company **NAIC#: 31127**
POLICY NUMBER: HMA 6050137849 **EFF DATE:** 07/31/2017 **EXP DATE:** 07/31/2018

ADDITIONAL INSURED: N
SUBROGATION WAIVED: N

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Professional Liab.	Per Claim	1,000,000.00
	Aggregate	3,000,000.00
	Ded/Per Claim	75,000.00



CERTIFICATE OF LIABILITY INSURANCE

7/31/2017

DATE (MM/DD/YYYY)

1/10/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600	CONTACT NAME: PHONE: (AC, No. Ext): FAX (AC, No): E-MAIL: ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED 1369573 Symphony Diagnostic Services No 1 LLC dba MobilixUSA 101 Rock Road Horsham PA 19044	INSURER A: Columbia Casualty Company NAIC # 31127	
	INSURER B: Liberty Mutual Fire Insurance Company 23035	
	INSURER C: American Casualty Company of Reading, PA 20427	
	INSURER D: Transportation Insurance Company 20494	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 14453159 **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER (REQ) (Y/N)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	HMA 4032109990-3	7/31/2016	7/31/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPOP AGG \$ 3,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	AS2-651-291159-016	7/31/2016	7/31/2017	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX
C C D D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC 4014103351 (CA) WC 4014103270 (AOS) WC 4014100370 (AZ, OR, WI) GAP 4014103222 (Stop Gap)	7/31/2016 7/31/2016 7/31/2016 7/31/2016	7/31/2017 7/31/2017 7/31/2017 7/31/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A A A	Professional Liability Ded Each Claim	N	N	HMA 4032109990-3 Claims Made-Form Retro Date: Per Policy	7/31/2016	7/31/2017	\$1,000,000 Each Claim \$3,000,000 Aggregate \$75,000 (Indemnity Only)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

14453159
 The NH Department of Corrections
 PO Box 1806
 Concord NH 03302-1806

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2016 ACORD CORPORATION. All rights reserved.

New Hampshire Department of Corrections
Division of Administration
Contract/Grant Unit

Comprehensive General Liability Insurance Acknowledgement Form

The New Hampshire Office of the Attorney General requires that the Request for Proposal (RFP) package inform all proposal submitters of the State of New Hampshire's general liability insurance requirements. The limits of liability required are dependent upon your corporation's legal formation, and the annual total amount of contract work with the State of New Hampshire.

Please select only ONE of the checkboxes below that best describes your corporation's legal formation and annual total amount of contract work with the State of New Hampshire:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed \$500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed \$500,000, is comprehensive general liability insurance in amounts of not less than \$1,000,000 per claim or occurrence and \$2,000,000 in the aggregate. *These amounts may NOT be modified.*

- The contractor certifies that it IS a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does not exceed \$500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

- (2) The contractor certifies it does NOT qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

Please indicate your current comprehensive general liability coverage limits below, sign, date and return with your proposal package.

~~\$1,000,000~~ Per Claim ~~\$1,000,000~~ Per Incident/Occurrence ~~\$3,000,000~~ General Aggregate

Signature & Title

Date

This acknowledgement must be returned with your proposal.

NH DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE RULES

COR 307 Items Considered Contraband. Contraband shall consist of:

- a) Any substance or item whose possession is unlawful for the person or the general public possessing it including but not limited to:
 - (1) narcotics
 - (2) controlled drugs or
 - (3) automatic or concealed weapons possessed by those not licensed to have them.
- b) Any firearm, simulated firearm, or device designed to propel or guide a projectile against a person, animal or target.
- c) Any bullets, cartridges, projectiles or similar items designed to be projected against a person, animal or target.
- d) Any explosive device, bomb, grenade, dynamite or dynamite cap or detonating device including primers, primer cord, explosive powder or similar items or simulations of these items.
- e) Any drug item, whether medically prescribed or not, in excess of a one day supply or in such quantities that a person would suffer intoxication or illness if the entire available quantity were consumed alone or in combination with other available substances.
- f) Any intoxicating beverage.
- g) Sums of money or negotiable instruments in excess of \$100.00.
- h) Lock-picking kits or tools or instruments on picking locks, making keys or obtaining surreptitious entry or exit
- i) The following types of items in the possession of an individual who is not in a vehicle, (but shall not be contraband if stored in a secured vehicle):
- j) Knives and knife-like weapons, clubs and club-like weapons,
 - (1) tobacco, alcohol, drugs including prescription drugs unless prior approval is granted in writing by the facility Warden/designee, or Director/designee,
 - (2) maps of the prison vicinity or sketches or drawings or pictorial representations of the facilities, its grounds or its vicinity,
 - (3) pornography or pictures of visitors or prospective visitors undressed,
 - (4) cell phones and radios capable of monitoring or transmitting on the police band in the possession of other than law enforcement officials,
 - (5) identification documents, licenses and credentials not in the possession of the person to whom properly issued,
 - (6) ropes, saws, grappling hooks, fishing line, masks, artificial beards or mustaches, cutting wheels or string rope or line impregnated with cutting material or similar items to facilitate escapes,
 - (7) balloons, condoms, false-bottomed containers or other containers which could facilitate transfer of contraband.

COR 307.02-Contraband on prison grounds is prohibited. The possession, transport, introduction, use, sale or storage of contraband on the prison grounds without prior approval of the commissioner of corrections or his designee is prohibited under the provision of RSA 622:24 and RSA 622:25.

COR 307.03 Searches and Inspections Authorized.

- a) Any person or property on state prison grounds shall be subject to search to discover contraband...
Travel onto prison grounds shall constitute implied consent to search for contraband. In such cases where implied consent exists, the visitor will be given a choice of either consenting to the search or immediately leaving the prison grounds. Nothing in this rule however, prevents non-consensual searches in situations where probable cause exists to believe that the visitor is or had attempted to introduce contraband into the prison pursuant to the law of New Hampshire concerning search, seizure and arrest.
- b) All motor vehicles parked on prison grounds shall be locked and have the keys removed. Custodial personnel shall check to insure that vehicles are locked and shall visually inspect the plain-view interior of the vehicles. Vehicles discovered unlocked shall be searched to insure that no contraband is present. Contraband discovered during searches shall be confiscated for evidence, as shall contraband discovered during plain-view inspections.
- c) All persons entering the facilities to visit with residents or staff, or to perform services at the facilities or to tour the facilities shall be subject to having their persons checked. All items and clothing carried into the institution shall be searched for contraband.

Joel Kirshick
Name

[Signature]
Signature

1/10/17
Date

Nichole Guenard
Witness Name

[Signature]
Signature

1/10/17
Date

NH DEPARTMENT OF CORRECTIONS
RULES OF CONDUCT FOR PERSONS PROVIDING CONTRACT SERVICES

1. Engaging in any of the following activities with persons under departmental control is strictly prohibited:
 - a. Any contact, including correspondence, other than in the performance of your services for which you have been contracted.
 - b. Giving or selling of anything
 - c. Accepting or buying anything
2. Any person providing contract services who is found to be under the influence of intoxicants or drugs will be removed from facility grounds and barred from future entry to the NH Department of Corrections property.
3. Possession of any item considered to be contraband as defined in the New Hampshire code of Administrative Rules, COR 307 is a violation of the rules and the laws of the State of New Hampshire and may result in legal action under RSA 622:24 or other statutes.
4. In the event of any emergency situation, i.e., fire, disturbance, etc., you will follow the instructions of the escorting staff or report immediately to the closest available staff.
5. All rules, regulations and policies of the NH Department of Corrections are designed for the safety of the staff, visitors and residents, the security of the facility and an orderly flow of necessary movement and activities. If unsure of any policy and procedure, ask for immediate assistance from a staff member.
6. Harassment and discrimination directed toward anyone based on sex, race, creed, color, national origin or age are illegal under federal and state laws and will not be tolerated in the work place. Maintenance of a discriminatory work environment is also prohibited. Everyone has a duty to observe the law and will be subject to removal for failing to do so.
7. During the performance of your services you are responsible to the facility administrator, and by your signature below, agree to abide by all the rules, regulations, policies and procedures of the NH Department of Corrections and the State of New Hampshire.
8. In lieu of Contracted staff participating in the Corrections Academy, the Vendor through the Commissioner or his designees will establish a training/orientation facilitated by the Vendor to supplement this requirement and appropriate orient Vendor staff to the rules, regulations, policies and procedures of the Department of Corrections and the State of New Hampshire.

Joel Kirchick
Name

[Signature]
Signature

1/10/17
Date

Nichole Guenard
Witness Name

[Signature]
Signature

1/10/17
Date

NH DEPARTMENT OF CORRECTIONS
CONFIDENTIALITY OF INFORMATION AGREEMENT

I understand and agree that all employed by the organization/agency I represent must abide by all rules, regulations and laws of the State of New Hampshire and the NH Department of Corrections that relate to the confidentiality of records and all other privileged information.

I further agree that all employed by or subcontracted through the organization I represent are not to discuss any confidential or privileged information with family, friends or any persons not professionally involved with the NH Department of Corrections. If inmates or residents of the NH Department of Corrections, or, anyone outside of the NH Department of Corrections' employ approaches any of the our organization's employees or subcontractors and requests information, the staff/employees of the organization I represent will immediately contact their supervisor, notify the NH Department of Corrections, and file an incident report or statement report with the appropriate NH Department of Corrections representative.

Any violation of the above may result in immediate termination of any and all contractual obligations.

<u>Joel Kirchock</u>	<u>[Signature]</u>	<u>1/10/17</u>
Name	Signature	Date
<u>Nichole Guenard</u>	<u>[Signature]</u>	<u>1/10/17</u>
Witness Name	Signature	Date

NH DEPARTMENT OF CORRECTIONS
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) Definitions

- a. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- b. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- c. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- d. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.
- e. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- f. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- g. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- h. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.
- i. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- j. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- k. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time.

(2) Use and Disclosure of Protected Health Information

a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

b. Business Associate may use or disclose PHI:

- (i) for the proper management and administration of the Business Associate;
- (ii) as required by law, pursuant to the terms set forth in paragraph d. below; or
- (iii) for data aggregation purposes for the health care operations of Covered Entity.

c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to immediately notify Business Associate of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.

d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions on the uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate

a. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, of which it becomes aware, within two (2) business days of becoming aware of such unauthorized use or disclosure or security incident.

b. Business Associate shall use administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of protected health information, in electronic or any other form, that it creates, receives, maintains or transmits under this Agreement, in accordance with the Privacy and Security Rules, to prevent the use or disclosure of PHI other than as permitted by the Agreement.

c. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.

d. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section (3)b and (3)k herein. The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be

receiving PHI pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.

e. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.

f. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.

g. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

h. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

i. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.

j. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.

k. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.

b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.

c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to standard provision #10 of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

a. **Definitions and Regulatory References.** All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, as amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.

b. **Amendment.** Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.

c. **Data Ownership.** The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.

d. **Interpretation.** The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA and the Privacy and Security Rule.

e. **Segregation.** If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. **Survival.** Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section 3 k, the defense and indemnification provisions of section 3.d and standard contract provision #13, shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT.

NH Department of Corrections

State of New Hampshire Agency Name



Signature of Authorized Representative

William L. Wrenn

Authorized DOC Representative Name

Commissioner

Authorized DOC Representative Title

4/5/17
Date

Symphony Diagnostic Services No 1, LLC d.b.a.Moblex USA

Contractor Name



Contractor Representative Signature

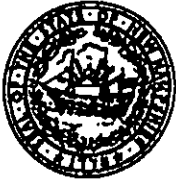
Joel Kirchick

Authorized Contractor Representative Name

Vice President

Authorized Contractor Representative Title

1/10/17
Date



STATE OF NEW HAMPSHIRE
 DEPARTMENT OF CORRECTIONS
 DIVISION OF ADMINISTRATION

William L. Wrenn
 Commissioner

Robin Maddaus
 Director

P.O. BOX 1806
 CONCORD, NH 03302-1806

603-271-5610 FAX: 603-271-5639
 TDD Access: 1-800-785-2964

PRISON RAPE ELIMINATION ACT
 ACKNOWLEDGEMENT FORM

The Prison Rape Elimination Act (PREA) of 2003 (with Final Rule August 2012) is a federal law established to address the elimination and prevention of sexual assault and sexual harassment within correctional systems and detention facilities. This Act applies to all correctional facilities, including prisons, jails, juvenile facilities and community corrections residential facilities. PREA incidents involve the following conduct:

- Resident-on-resident sexual assault
- Resident-on-resident abusive sexual contact
- Staff sexual misconduct
- Staff sexual harassment, assault of a resident

The act aimed to curb prison rape through a "zero-tolerance" policy, as well as through research and information gathering. The NH Department of Corrections has zero tolerance relating to the sexual assault/rape of offenders and recognizes these offenders as crime victims. Due to this recognition and adherence to the federal Prison Rape Elimination Act (PREA) of 2003, the NH Department of Corrections extends the "zero tolerance" to the following:

- Contractor/subcontractor misconduct
- Contractor/subcontractor harassment, assault of a resident

As a Contractor and/or Subcontractor of the NH Department of Corrections, I acknowledge that I have been provided information on the Prison Rape Elimination Act of 2003 Public Law 108-79—Sept. 4, 2003 and have been informed that as a Contractor and/or Subcontractor of the NH Department of Corrections, sexual conduct between Contractor and/or Subcontractor and offenders is prohibited. Sexual harassment or sexual misconduct involving an offender can be a violation of NH RSA 632-A:2, 632-A:3 and 632-A:4, Chapter 632-A: Sexual Assault and Related Offenses, and result in criminal prosecution.

As a Contractor and/or Subcontractor of the NH Department of Corrections, I understand that I shall inform all employees of the Contractor and/or Subcontractor to adhere to all policies concerning PREA, RSA 632-A:2, RSA 632-A:3, RSA 632-A:4 and departmental policies including NHDOC PPD 5.19 - PREA; NHDOC Administrative Rules, Conduct and Confidentiality Information regarding my conduct, reporting of incidents and treatment of those under the supervision of the NH Department of Corrections. (Ref. RSA Chapter 632-A, NHDOC PPD 5.19 and Administrative Rules, Rules of Conduct for Persons Providing Contract Services, Confidentiality of Information Agreement).

Name (print): Joseph Kirshnick Date: 1/10/17
 (Name of Contract Signatory)
 Signature: [Handwritten Signature]
 (Signature of Contract Signatory)