

**Amendment No. 1 AGREEMENT BETWEEN COUNTY OF LAKE AND BHC
FREMONT HOSPITAL, INC. FOR ACUTE INPATIENT PSYCHIATRIC
HOSPITAL SERVICES AND PROFESSIONAL SERVICES ASSOCIATED
WITH ACUTE INPATIENT PSYCHIATRIC HOSPITALIZATION FOR
FISCAL YEAR 2024-25**

This Agreement is made and entered into by and between the County of Lake, hereinafter referred to as “County,” and BHC Fremont Hospital, Inc., hereinafter referred to as “Contractor,” collectively referred to as the “parties.”

RECITALS

WHEREAS, the County entered into an Agreement with Contractor effective March 31, 2025, and;

WHEREAS, utilization of services provided by Contractor exceeded projections and;

WHEREAS, the parties now desire to amend the Agreement to increase the total compensation payable under the Agreement by \$100,000.00 for a new contract maximum of \$200,000.00 and must amend item three, “Compensation,” to reflect this change; and

NOW, THEREFORE, based on the forgoing recitals, the parties hereto agree as follows:

The title of the Agreement is hereby amended to state as follows:

**AGREEMENT BETWEEN COUNTY OF LAKE AND BHC FREMONT
HOSPITAL, INC. FOR ACUTE INPATIENT PSYCHIATRIC HOSPITAL
SERVICES AND PROFESSIONAL SERVICES ASSOCIATED WITH ACUTE
INPATIENT PSYCHIATRIC HOSPITALIZATION FOR FISCAL YEAR
2024-25**

3. COMPENSATION. PAYMENT FOR SERVICES BY COUNTY, Contractor has been selected by County to provide the services described hereunder in **Exhibit A**, titled, “**Scope of Services.**” **Compensation to Contractor shall not exceed Two Hundred Thousand Dollars (\$200,000.00).**


The County shall compensate Contractor for services rendered, in accordance with the provisions set forth in **Exhibit B**, titled “**Fiscal Provisions**” attached hereto and incorporated herein, provided that Contractor is not in default under any provisions of this Agreement.

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FISCAL YEAR 2024-25**

County and Contractor have executed this Agreement on the day and year first written above.

COUNTY OF LAKE

Chair
Board of Supervisors
Date: _____

BHC FREMONT HOSPITAL


Chief Executive Officer
Date: 5/19/25

APPROVED AS TO FORM:
LLOYD GUINTIVANO
County Counsel

By:  _____
Digitally signed by Lloyd G. Guintivano
DN: cn=Lloyd G. Guintivano, o=CA,
ou=County of Lake, ou=Office of the County
Counsel,
email=Lloyd.Guintivano@lakecountypa.gov
Reason: I am approving this document
Date: 2025.06.10 17:45:28 -0700

Date: June 10, 2025

ATTEST:
SUSAN PARKER
Clerk to the Board of Supervisors

By: _____

Date: _____