

1 **BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA**

2 **RESOLUTION NO. _____**

3 **ADOPT RESOLUTION APPROVING THE AIDS DRUG ASSISTANCE PROGRAM SITE**
4 **ENROLLMENT AGREEMENT BETWEEN THE CALIFORNIA DEPARTMENT OF PUBLIC**
5 **HEALTH AND THE COUNTY OF LAKE FOR FISCAL YEARS 2020-2023 AND AUTHORIZE**
6 **THE HEALTH SERVICES DIRECTOR TO SIGN**

7 **WHEREAS**, the Lake County Health Services Department has received an agreement from
8 the California Department of Public Health (CDPH), Center for Infectious Diseases, Office of AIDS
9 (OA) to provide services as an enrollment site for the AIDS Drug Assistance Program (ADAP); and

10 **WHEREAS**, this agreement requires that the Lake County Health Services Department
11 abides by all applicable laws and CDPH/OA/ADAP guidelines regarding confidentiality of ADAP
12 client eligibility files and protected health information when accessing or submitting ADAP client
13 data.

14
15 **NOW THEREFORE BE IT RESOLVED BY THE BOARD OF SUPERVISORS OF THE**
16 **COUNTY OF LAKE, STATE OF CALIFORNIA, THAT IT FINDS, DETERMINES AND HEREBY**
17 **DECLARES** that: the agreement between the California Department of Public Health and the
18 County of Lake as an ADAP Enrollment Site for Fiscal Years July 1, 2020 through June 30, 2023
19 is hereby approved and the Director of Health Services is authorized to sign said agreement and
20 any necessary amendments on behalf of the County of Lake.

21 Certified copies of this Resolution shall be delivered to the Lake County Auditor/Controller.

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THIS RESOLUTION was passed and adopted by the Board of Supervisors of the County of Lake at a regular meeting thereof on the _____ day of _____, 2020 by the following vote:

AYES:

NOES:

ABSENT OR NOT VOTING:

ATTEST:

CAROL J. HUCHINGSON

Clerk of the Board of Supervisors

COUNTY OF LAKE

By: _____

Deputy

CHAIR, Board of Supervisors

APPROVED AS TO FORM:

ANITA L. GRANT

County Counsel

By: _____

DocuSigned by:

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