County of San Mateo Health Insurance Portability and Accountability Act (HIPAA) Questionnaire

Date: 4/15/2021 Contractor Name: Regents of the University of California Contract Administrator: Juvy Ann Reyes Answer the following questions to determine if the Contractor is Business Associate 1. Will the County disclose individually identifiable health information concerning County clients to the contractor? ☐ YES (if this box is checked, go directly to question #3) ☑ NO (if this box is checked, respond to question #2) 2. Will the Contractor use individually identifiable health information concerning County clients in the process of providing services for the County? ☐ YES NO X If you responded "NO" to both questions #1 and #2 then stop here. This is not a Business Associate. If you answered "YES" to either #1 or #2, then proceed to question #3 3. Will the Contractor use the identifiable health information **ONLY** to provide direct physical/mental health care or treatment to clients of the County? YES (if this box is checked, this **is not** a business associate) NO (if this box is checked, the contractor **IS** a business associate) 4. Explain the services provided by the Contractor: The University of California Cooperative Extension Program (UCCE) serves as a bridge between agricultural research conducted in the University of California's Division of Agricultural and Natural Resources (ANR) and the citizens of California. Across California, UCCE operates at the county or regional level, in collaboration with local partners, to apply UCCE knowledge of healthy food systems, environments and communities. Name of person completing/approving this form: Cassius Lockett, PhD Director of Public Health, Policy and Planning 5/5/2021 Date: Approved By:

Questions about HIPAA should be directed to the San Mateo County HIPAA Privacy Officer and/or County Counsel.

UNIVERSITY OF CALIFORNIA

PROOF OF SELF-INSURANCE COVERAGE

The Regents of the University of California are often requested by outside parties to provide evidence of the University's self-insurance coverage in conjunction with agreements and contracts negotiated by its employees on UC campuses and medical centers. Examples of situations where the University may be required to provide evidence of insurance include:

- Using an off-campus location to host an event, ceremony, athletic event, theatre production, practice space, job fair, educational outreach event, etc.
- Leasing or renting equipment, motor vehicle(s), or real estate
- Research grant sub-awards
- Affiliation (non-healthcare/medical related) and Professional Services Agreements

The University of California self-funds its liability exposures, so does not issue individual certificates of insurance. The UC Office of Risk Services has developed a Certificate of Self-Insurance Coverage document (COC) to illustrate the self-funded retention levels maintained for each liability program. The COC is available on-line for use by entities conducting business with the university as evidence of the self-funded retention levels, coverage terms, and limits routinely requested. The self-insurance limits accepted in each specific written agreement or contract shall be the limits that apply should a loss arise, regardless of the limits provided in the on-line Certificate of Self-Insurance Coverage document.

The UC COC Site is solely for the use and benefit of the vendors and organizations which contract with the University of California and not for resale or other transfer to or use by or for the benefit of any other person or entity. You may print copies for use within your organization, provided that you do not modify the COC in any way, nor distribute any copies outside your organization. You may not use any of the University of California's names or marks in any manner that creates the impression such names or marks belong to or are associated with you or imply any endorsement by the University of California, and you acknowledge that you have no ownership rights in and to any of these names or marks. You will not use the Site, the information contained therein or any of the University's names or marks in unsolicited mailings or spam material. You may not link directly to the COC ("deep link") or bring up or present the COC or other content of this site within another web site ("frame").

Official Correspondence must be sent via postal mail to:

Chief Risk Officer
Office of Risk Services
Office of the President
University of California
1111 Franklin St., 10th Floor
Oakland, CA 94607-5200
510-987-9832
RiskServices@ucop.edu

Please contact the local Risk Manager at the specific University of California location where you are contracting if you have insurance coverage questions:

- <u>Campus Risk Managers Directory</u>
- Hospital Risk Managers Directory

CERTIFICATE OF SELF-INSURANCE COVERAGE

Date: June 23, 2020

PRODUCER/INSURED

The Regents of the University of California Office of the President Office of Risk Services 1111 Franklin St., 10th Floor Oakland, CA 94607-5200 510-987-9832

This Certificate is issued as a matter of information only to authorized viewers for their internal use only and confers no rights upon any viewer of this Certificate. The Certificate does not amend, extend or alter the coverage described below. This Certificate may only be copied, printed and distributed by an authorized viewer for its internal use. Any other use, duplication or distribution of the Certificate without the written consent of the Regents of the University of California is prohibited.

ENTITIES AFFORDING COVERAGE

PARTICIPATION

COMPANY LETTER A The Regents of the University of California

100 %

COVERAGES

THIS IS TO CERTIFY THAT THE REGENTS OF THE UNIVERSITY OF CALIFORNIA IS A GOVERNMENTAL ENTITY THAT HAS A SELF-FUNDED RETENTION FOR LIABILITIES DESCRIBED BELOW, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY WRITTEN CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY PERTAIN. THIS SELF-FUNDED PROGRAM IS SUBJECT TO ALL PROVISIONS OF THE BYLAWS AND STANDING ORDERS OF THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, WHICH DOES NOT PERMIT ANY ASSUMPTION OF LIABILITY WHICH DOES NOT RESULT FROM THE NEGLIGENT ACTS OR OMISSIONS OF ITS OFFICERS, AGENTS OR EMPLOYEES. THE REGENTS' SELF FUNDED RETENTION IS AT LEAST THE LIMITS LISTED BELOW.

CC	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
Α	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCURRENCE	Self-Insured	July 1, 2020	July 1, 2021	CONTRACTUAL LIABILITY PROFESSIONAL LIABILITY	\$ Not applicable \$ 5,000,000 \$ 5,000,000 \$ 5,000,000 \$ 5,000,000
A	AUTOMOBILE LIABILITY ANY AUTO X ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS GARAGE LIABILITY	Self-Insured	July 1, 2020	July 1, 2021	(PER PERSON) BODILY INJURY (PER ACCIDENT)	\$ Not applicable \$ 2,500,000 \$ 2,500,000 \$ 2,500,000
А	PROPERTY X FIRE & EXTENDED PERILS	Self-Insured	July 1, 2020	July 1, 2021	EACH OCCURRENCE AGGREGATE	\$ 7,500,000 \$ Not applicable \$
A	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY	Self-Insured	July 1, 2020	July 1, 2021	STATUTORY LIMITS EACH ACCIDENT DISEASE - POLICY LIMIT DISEASE - EACH EMPLOYEE	S As required by California Law S As required by California Law S As required by California Law

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ADDITIONAL COVERED PARTY- AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH RESPECT TO GENERAL LIABILITY AND AUTOMOBILE LIABILITY

LOSS PAYEE - AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH RESPECT TO PROPERTY COVERAGE

CERTIFICATE HOLDER

APPLICABLE PARTY AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT

CANCELLATION

SHOULD THE REGENTS ELECT TO DISCONTINUE SELF-INSURING ITS LIABILITIES, THE REGENTS WILL UPDATE PROOF OF SELF-INSURANCE ON ITS WEBSITE. THE REGENTS SHALL NOT BE OBLIGATED TO PROVIDE INDIVIDUAL NOTICE TO VENDORS OR OTHERS.

By:

CHERYL A. LLOYD, AVP & OHIEF RISK OFFICER