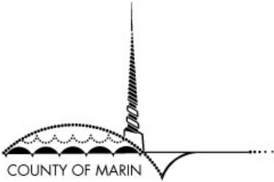

County of Marin
Department of Health and Human Services

Medical Countermeasure (MCM)
Point of Dispensing (POD) Dispensing Partner Program
Enrollment Agreement

Please Print or Type

Dispensing Partner Site: ____

Type of Facility: ____
(example: hospital, clinic, school, skilled nursing facility, community-based organization, business, etc)

Address:____
Street *City* *State* *Zip Code*

Phone: (___)______________________________ Fax:(___)______________________________________

Authorized Site Representative Name____
Last *First*

Phone: (___)______________________________ E-Mail:____

Cell: (___)________________________________

1. Alternate Dispensing Site Manager Name:____
Last *First*

Phone: (___)______________________________ E-Mail:____

Cell: (___)________________________________

2. Secondary Alternate Dispensing Site Manager Name:_____________________________________
Last *First*

Phone: (___)______________________________ E-Mail:____

Cell: (___)________________________________

As the authorized site representative, I agree, on behalf of this organization of which I am the decision maker, to participate in the Marin County Dispensing Partner Program; to assume responsibility for the free local, state, or federal medications and/or supplies provided to me by the Marin County Department of Health and Human Services (MCDHHS); and to the following terms of this agreement:

1. Provide MCDHHS with the number of employees, employees' family members, and the number of patients, clients, and/or students, as applicable, to receive medication, a current estimate of which appears below.
2. Annually review the information contained in this agreement and to subsequently inform MCDHHS that either the information remains correct or provide MCDHHS with updated information.
3. Identify a primary dispensing partner site manager and alternate dispensing partner site manager who will oversee the dispensing of medications and who will direct all dispensing partner site staff; and notify MCDHHS of the names of these managers once identified.
4. Dispense all medications and supplies according to the algorithms and protocols specified in the standing orders provided by the MCDHHS.
5. Once notified by MCDHHS of the location where medications and/or supplies can be picked up and prior to pick up, provide MCDHHS with the names of the representatives designated to pick up medications and/or supplies as

MCDHHS will allow only authorized representatives from the dispensing partner site access to the designated location.

6. Upon arrival at the designated location, assure that the dispensing partner site facility representative will have a photo ID to present for identity verification.
7. Direct each dispensing partner site facility representative to sign for all medications and/or supplies received.
8. Notify MCDHHS within four hours of receipt of medications and/or supplies if there are any discrepancies in documentation or inventory.
9. Assume responsibility for distribution of information sheets (provided by MCDHHS at the time of medication pick-up); collection of any required forms (if applicable); and return of all required forms to MCDHHS as soon as feasible for tracking purposes.
10. Collect no fees for the local, state, or federal medications, supplies, and/or services provided as a part of the point of dispensing site response during a declared state of emergency.
11. Indemnify, defend, and hold the County of Marin, its employees, officers, and agents, harmless from any and all liabilities including, but not limited to, litigation costs and attorney's fees arising from any and all claims and losses to anyone who may be injured or damaged by reason of dispensing partner site's willful misconduct or negligent performance. Nothing herein shall be construed as a limitation of dispensing partner site's liabilities.
12. Acknowledge that MCDHHS may terminate this agreement at any time for failure to comply with these requirements; ____ (Agency/Facility/Company Name) may terminate this agreement for any reason by giving 10 days notice; and notice of termination shall be by written notice to the other party. Should the dispensing partner wish to terminate this agreement while the dispensing site is in use, dispensing partner shall return to MCDHHS all un-dispensed medications, supplies and any and all paperwork including inventory sheets, information sheets and required forms and MCDHHS shall verify all items are accounted for before the termination is effective.
13. Provide to the best of my knowledge a current estimate of the total number of persons that would need medication at this dispensing partner site:

	ADULTS	CHILDREN
# Employees (employees, volunteers, contractors)		
# Employees' and Client's Family Members		
# Patients/Clients (if applicable)		
# Enrolled Students (if applicable)		
Total Number of Persons Potentially Needing Medication		

Signature of Authorized Site Representative Date

Printed Name and Title

For questions or assistance, please contact: 415-473-3880 or dispensingpartners@marincounty.org

Please Mail Original Signed Agreement to: **Marin County Department of Health and Human Services**
Public Health Preparedness
1600 Los Gamos Drive, Suite 220
San Rafael, CA 94903

For County Use Only

Dispensing Site Enrollment Agreement Effective Date: _____ _____/ _____ _____/ _____ _____
Month *Day* *Year*

Application Approved By:____
Matthew Hymel, County Administrator

This record is to be submitted to and kept on file at MCDHHS and must be updated in accordance with county policy.
Fully executed copy to be returned to the dispensing site.