

PURCHASE OF SERVICES CONTRACT

This contract is made and entered into on the 1st Day of January 2026, by and between Sauk County, a Wisconsin Municipal Corporation represented by Sauk County Department of Human Services, referred to as “Agency”, and Lad Lake, Inc, Inc referred to as “Contractor”, whose contact information is:

I. PARTIES

Agency:

Organization Name: Sauk County
Sauk County Department of Human Services
Address: PO Box 29
Baraboo, Wisconsin 53913

Name of contact person: Jenna Greenwood/Lori Follendorf/Derek Olsen
Telephone: 608-355-4200
Fax: 608-355-4299
Email: jenna.greenwood@saukcountywi.gov
lori.follendorf@saukcountywi.gov
derek.olsen@saukcountywi.gov

Contractor:

Organization Name: Lad Lake, Inc
Address: PO Box 158
Dousman, WI 53118

Name of Contact Person: Dawn Reynolds / Donelle Hauser
Telephone:
Fax:
E-mail: dawnreynolds@ladlake.org
donellehauser@ladlake.org

Contractor’s fiscal year end: December 31st

II. CONTRACT INFORMATION

Contract No: 26P-32
Contract Period: January 1, 2026 – December 31, 2026
Maximum Payment
under this contract: \$525,000.00

IV. PAYMENT FOR SERVICES

Agency and Contractor agree:

- A. The parties acknowledge that DHS funds many state/county allocations with grant awards and that, as the effective date for calendar year 2026, DHS has not yet received certain FFY 2026 grant awards and will not reimburse expenses for profiles supported with FFY 2026 grants until those awards are received. If funds are not appropriated, not received, or otherwise become unavailable from DHS or the federal government for covered services in this contract, Sauk County shall provide written notice to Contractor with ten (10) business days after Sauk County receives written communication from DHS evidencing**
- 1. Non-receipt of an applicable federal award for the relevant period.**
 - 2. A reduction in allocation for CY 2026 attributable to federal grant reductions.**
 - 3. The imposition of funding controls materially affecting payment timing or amounts.**
- B. Within fifteen (15) business days after such notice, the parties shall meet and confer in good faith to negotiate reasonable amendments to scope, volume, deliverables, timelines and compensation to reflect available funding. Adjusted terms shall be documented by written amendments executed by both parties.**
- C. If the parties do not execute an amendment within thirty (30) days of the first meet-and-confer session, Sauk County may, at its option:**
- 1. Continue performance at reduced levels consistent with available funding.**
 - 2. Suspend performance of Covered Services on five (5) business days' written notice.**
 - 3. Terminate the affected portion or the entirety of the Agreement on fifteen (15) days written notice, without liability for damages other than payment for conforming services received and accepted to the extent funded.**
- D. Actual total payments will be based upon the amount of service authorized by the Agency and the amount of authorized service performed by the Contractor. It is understood and agreed by all parties that the Agency assumes no obligation to purchase from the Contractor any minimum amount of services as defined in the terms of this contract.**
- E. Due to the Agency's funding source restrictions, the Contractor shall submit to the Agency final claims for reimbursement under this contract no later than fifteen (15) days**

after the end of the contract period. Failure to submit claims under this contract within this time period will result in breach of contract and nonpayment. Upon written request by the Contractor, the Agency may grant an exception due to unusual circumstances on an individual basis.

The Contractor agrees that the total cost for services provided and the rate (per hour, day, month, year) and the number of clients served will be:

SERVICE	FUND SOURCE	RATE*	UNIT**	CLIENTS	TOTAL COST
Lad Lake Main Program	Base Youth Aides	\$859.50 per day			
St Rose Youth and Family Center	Base Youth Aides	\$863.50 per day			
				Total	\$525,000.00

*Define rate (example dollars/per unit time/per client) ** Specify hour, day, month, year

- C. Payments for services covered by this contract shall be based on allowable costs with limited profit or reserve. Monthly payments will be made on a unit-times-price basis and in accordance with the “order of payment” requirements for the funding program, less client fees and other collections made by the Contractor for services covered by this contract.
- D. The Agency shall determine and authorize the type of services provided and the number of units of services provided for each client. The Agency will not reimburse the Contractor for any unit of service not previously authorized by the Agency.
- E. If the statistical data, reports, and other required information are not submitted when due, Agency may withhold all payments that otherwise would be paid the Contractor under this contract until the reports and information are submitted.

V. REPORTING FOR PAYMENT

- A. Each month, the Contractor shall report and invoice the following for payment; units, service type, rate, and date of services provided. The Contractor shall use codes as provided by the Agency. The Contractor’s records shall support all information reported to the Agency. If the Contractor’s report is complete and timely, the expected payment will be made in a prompt manner.

VI. BILLING AND COLLECTION PROCEDURES

Fees collected on behalf of a client from any source will be treated as an adjustment to the costs and will be deducted from the amount paid under this contract. The procedures used by the Contractor shall comply with the provisions of Wisconsin Administrative Code DHS 1.01-1.06.

VII. SERVICES TO BE PROVIDED

- A. The Contractor shall develop an individualized service plan for each client within thirty (30) days following the date the Agency referred the client to the Contractor. The Contractor shall ensure that the plan complies with applicable standards. The Contractor agrees to work with the Agency as necessary when the Contractor is developing an individualized service plan.
- B. When transporting Consumers, the Contractor shall have a policy in place regarding transportation of consumers. We may request a copy of this policy at any time. This policy will include:
 - 1. Verification of employee drivers' license along with a copy of the said license on file.
 - 2. Insurance information. If the employees are using their own vehicle, a copy of the insurance must be included.
 - 3. Documentation of periodic vehicle safety inspections.
 - 4. Adherence to the Department of Transportation guidelines around transportation of minors.
- C. In providing services, the Contractor shall coordinate with other service Contractors as necessary to achieve the client's goals as identified in the Agency's and Contractor's individual service plans.
- D. The Contractor shall retain all documentation necessary to adequately demonstrate the time, duration, location, scope, quality, and effectiveness of services rendered under this contract. The Agency reserves the right to not pay for units of services reported by the Contractor that are not supported by documentation required under this contract.
- E. The Agency will monitor the Contractor's performance and will use the results of this monitoring to evaluate the Contractor's ability to provide adequate services to clients. If the Contractor fails to meet contract goals and expected results, the Agency may reduce or terminate the contract.
- F. The Agency retains sole authority to determine whether the Contractor's performance under the contract is adequate. The Contractor agrees to the following:

1. The Contractor shall allow the Agency's care manager and contracting staff to visit the Contractor's facility or work site at any time for the purpose of ensuring that services are being provided as specified in the individualized plan of care and contract.
2. Upon request by the Agency or its designee, the Contractor shall make available to the Agency all documentation necessary to adequately assess Contractor performance.
3. The Contractor will cooperate with the Agency in its efforts to implement the Agency's quality improvement and quality assurance program.
4. The Contractor shall develop and implement a process for assessing client satisfaction with services provided. The Contractor shall report in a timely manner the results of its client satisfaction assessment effort to the Agency. The Agency reserves the right to review and approve the Contractor's client satisfaction assessment process, and to require the Contractor to submit a corrective action plan to address concerns identified in the review.

VIII. ELIGIBILITY STANDARDS FOR RECIPIENT OF SERVICES

The Contractor shall provide services only to individuals who are eligible for services. The Contractor and Agency agree that the eligibility of individuals to receive the services to be purchased under this contract from the Contractor will be determined by the Agency.

An individual has a right to an administrative hearing concerning eligibility and the Agency shall inform individuals of this right. The Agency shall provide clients with information concerning their eligibility and how to appeal actions affecting their rights.

IX. CAREGIVER BACKGROUND CHECKS

- A. The Agency and the Contractor agree that the protection of the clients served under this contract is paramount to the intent of this contract. In order to protect the clients served, the Contractor shall comply with the provisions of Wis.Administrative Code. DHS12
(online at http://docs.legis.wisconsin.gov/code/admin_code/dhs/001/12)
- B. The Contractor shall conduct caregiver background checks at its own expense of all employees assigned to do work for the Agency under this contract if such employee has actual, direct contact with the clients of the Agency or otherwise required by law. The Contractor shall retain in its personnel files all pertinent information, to include a Background Information Disclosure Form and/or search results from the Department of Justice, the Department of Health Services, and the Department of Safety and Professional Services, as well as out of state records, tribal court proceedings and military records, if applicable.

After the initial background check, the Contractor must conduct a new caregiver background search every four years, or at any time within that period when the Contractor has reason to believe a new check should be obtained.

- C. The Contractor shall maintain the results of background checks on its own premises for at least the duration of the contract. The Agency may audit the Contractor's personnel files to ensure compliance with the State of Wisconsin Caregiver Program Manual (online at www.dhs.wisconsin.gov/caregiver/index.htm).
- D. The Contractor shall not assign any individual to conduct work under this contract who does not meet the requirement of this law.
- E. The Contractor shall notify the Agency in writing and via registered mail within one (1) business day upon the occurrence of any event listed in Wis. Admin. Code DHS 12.07(2).
(online at http://docs.legis.wisconsin.gov/code/admin_code/dhs/001/12)

X. LICENSE, CERTIFICATION, AND STAFFING

- A. The Contractor shall meet state and federal service standards and applicable state licensure and certification requirements as expressed by state and federal rules and regulations applicable to the services covered by this contract. Upon execution of this contract, the Contractor shall attach copies of its license or certification document and the most recent licensing or certification report and letter concerning the Contractor when returning the signed contract to the Agency. During the contract period, the Contractor shall also send the Agency copies of any licensing inspection reports within five (5) business days of receipt of such reports.
- B. The Contractor shall ensure that staff providing services are properly supervised and trained; they are over eighteen (18) years of age; and that they meet all of the applicable licensing and certification requirements.

XI. CONFLICT OF INTEREST

- A. The Contractor shall ensure the establishment of safeguards to prevent employees, consultants, or members of the board from using their position for purposes that are, or give the appearance of being, motivated by a desire for private gain for themselves or others, such as those with whom they have family, business, or other ties.
- B. During the period of this Contract, Contractor shall not hire, retain, or utilized for compensation, any member, officer, or employee of Sauk County Human

Services Department, or any person, whom, to the knowledge of the Contractor, has a conflict of interest.

XII. CONFIDENTIALITY

- A. The Contractor shall not use or disclose any information concerning eligible clients who receive services from Contractor for any purpose not connected with the administration of Contractor's or Agency's responsibilities under this contract, except with the informed, written consent of the eligible client or the client's legal guardian.
- B. Except for documents identifying specific clients, the contract and all related documents are not confidential.
- C. The Contractor agrees to comply with the federal regulations implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to the extent those regulations apply to the services the Contractor provides or purchases with funds provided under this contract.

XIII. CIVIL RIGHTS GRIEVANCES

The Contractor shall have a formal written grievance procedure. The Contractor shall, prior to or at the time of admission to the program, provide oral and written notification to each client of his or her rights and the grievance procedure. The Contractor shall post the client rights and the grievance procedure in an area readily available to clients and staff of the Contractor.

XIV. CLIENT FUNDS

See Attachment RTX 17.1

XV. CONTRACTOR RESPONSIBILITIES

- A. The Contractor shall comply with the reporting requirements of Agency. All reports shall be in writing and, when applicable, in the format specified by the Agency. All reports shall be supported by the Contractor's records.
- B. Contractor shall cooperate with the Agency in establishing rate for reimbursement purposes.
- C. Contractor shall transfer a client from one category of care or service to another only with the written approval of the Agency.
- D. If the Contractor obtains services for any part of this contract from another

vendor, the Contractor is responsible for the fulfillment of the terms of the contract and shall give written notification of such to the Agency for approval.

XVI. CONDITIONS OF THE PARTIES' OBLIGATIONS

- A. This contract is contingent upon authorization of Wisconsin and United States laws and any material amendment or repeal of the same affecting relevant funding or authority of the Department of Health Services shall serve to terminate this contract, except as further agreed to be the parties hereto.
- B. Nothing contained in this contract shall be construed to supersede the lawful powers or duties of either party.
- C. It is understood and agreed that the entire contract between the parties is contained herein, except for these matters incorporated herein by reference, and that this contract supersedes all oral contracts and negotiations between the parties relating to the subject matter thereof.
- D. Agency shall be notified in writing of all complaints filed in writing against the Contractor. Agency shall inform the Contractor in writing with their understanding of the resolution of the complaint.

XVII. DEBARMENT AND SUSPENSION

The Contractor certifies through signing this contract that neither the Contractor nor any of its principals are debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in federal assistance programs by any federal department or agency. In addition, the Contractor shall notify the Agency within five business days in writing and send by registered mail if the Contractor or its principals receive a designation from the federal government that they are debarred, suspended, proposed for debarment, or declared ineligible by a federal agency.

XVIII. COST SHARING AND COST ALLOCATION PLAN

- A. All property, equipment, software, or services used by multiple programs or for multiple purposes, is subject to cost allocation procedures. The Contractor will appropriately adjust claimed expenditures under a cost-sharing allocation plan if automation equipment, software, or other services, including staffing services, are used for any purpose other than child support program administration.
- B. The Contractor shall submit a copy of their cost allocation plan to the Agency upon request. Costs must be allocated in a manner consistent with these plans. The plans must be in accordance with the requirements of applicable Federal cost policies.

XIX. RECORDS

- A. Under Wis Stats.19.36(3), all records of the Contractor that are produced or collected under this Contract are subject to disclosure pursuant to a public records request.
- B. The Contractor shall maintain such records and financial statements (in either written or electronic form) as required by the State and Federal law and as required by program policies. The Contractor shall retain records and financial statements in a secure environment for no less than the retention period specified in the law or policy. Records or financial statements for periods, which are under audit, or subject to dispute or litigation, must be retained until the audit/dispute/litigation, and any associated appeal periods, have ended.
- C. The Contractor shall permit appropriate representatives of the Agency to have timely access to all records and financial statements written and/or electronic information available to the Agency upon request to review Contractor's compliance, insofar as is permitted under State and Federal law.
- D. The Contractor shall cooperate with Agency in the fulfillment of open record requests in accordance with Wisconsin's Open Meeting Law and the Freedom of Information Act.
- E. At the expiration of the Contract, the Contractor will transfer, upon request by the Agency, at no cost to the Agency, records regarding the individual recipients who received services from the Contractor under this Contract. The transfer of records includes transfer of any record, regardless of media, if that is the only method under which records were maintained.

XX. AUDIT REQUIREMENTS

- A. Unless waived by the Agency, the Contractor shall submit an annual audit to the Agency if the total amount of annual (i.e., calendar year) funding provided by the Agency, and all its Counties or Divisions taken collectively, is \$100,000.00 or more. In determining the amount of annual funding provided to the Contractor, the Contractor shall consider both: (1) funds provided through direct contracts with the Agency and (2) funds from another Agency, which has one or more contracts with the Contractor.
 - 1. 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart F – Audits. The guidance also includes an Annual Compliance Supplement that details federal agency rules for accepting federal sub-awards.
(online at https://ecrf.io/Title-02.cfr30_main)

2. The State Single Audit Guidelines (SSAG) expand on the requirement of 2 CFR Part 200 Subpart F by identifying additional conditions that require a state single audit; Section 1.3 lists the required conditions
 3. The DHS Audit Guide is an appendix to the SSAG and contains additional DHS-specific audit guidance for those entities that are not required to have a Single Audit but need to comply with DHS Provider audit requirements. An audit report is due the Agency is the Contractor receives more than \$100,000.00 in pass-through money from the Agency as determined by Wisconsin Statute s.46.036.
- B. The audit shall be in accordance with the generally accepted auditing standards Wis Stats. 46.036, Government Auditing Standards as issued by the U.S. Government Accountability Office, and other provisions under this contract. In addition, the Contractor is responsible for ensuring that the audit complies with other standards that may be applicable depending on the types of services provided and the nature and amount of financial reimbursement received. The audit shall also be in accordance with the following department standards:
- C. Reporting Package: The Contractor shall submit to the Agency a reporting package that includes:
1. General-Purpose Financial Statements of the overall agency and a Schedule of Expenditures of Federal and State Awards, including the independent auditor's opinion on the statements and schedule.
 2. Schedule of Findings and Questioned Costs, Schedule of Prior Audit Findings, Corrective Action Plan, and the Management Letter (if issued).
 3. Report on Compliance and on Internal Control over Financial Reporting based on audit performed in accordance with Government Audit Standards.
 4. Report on Compliance for each Major Program and a Report on Internal Control over Compliance.
 5. Report on Compliance with Requirements Applicable to the Federal and State Program and on Internal Control over Compliance in Accordance with the Program Specific Audit Option.
 6. Cost Reimbursement Award Schedule. This schedule is required if the subrecipient/contractor/is a non-profit, for-profit, a governmental unit other than a tribe, county, Chapter 51 board or school district; if the subrecipient/contractor receives funding directly from agency; if payment is based on or limited to an actual allowable cost basis; and if the contractor reported expenses or other activity resulting in payments totaling \$100,000 or more for all of its grant(s) or contract(s) with agency.
 7. Reserve Schedule is only required if the subrecipient/contractor is a non-profit and paid on a prospectively set rate.

8. Allowable Profit Schedule is only required if the subrecipient/contractor is a for-profit entity.
9. Additional Supplemental Schedule(s) required by funding agency may be required. Check with the funding agency.

*Note: These schedules are only required for certain types of entities or specific financial conditions.

- D. Submitting the Reporting Package: The Contractor shall submit the required reporting package to the Agency within 180 days of the end of the Contractor's fiscal year.
- E. Access to auditor's work papers: When contracting with an audit firm, the Contractor shall authorize its auditor to provide access to work papers, reports, and other materials generated during the audit to the appropriate representatives of the Agency. Such access shall include the right to obtain copies of the work papers and computer disks, or other electronic media, upon which records/working papers are stored.
- F. Failure to comply with the requirements of this section: In the event that the Contractor fails to have an appropriate audit performed or fails to provide a complete audit report to the Agency within the specified time frames, the Agency may:
 1. Conduct an audit or arrange for an independent audit of the Contractor and charge the cost of completing the audit to the Contractor.
 2. Charge the Contractor for all loss of Federal or State aid or for penalties assessed to the Agency because the Contractor did not submit a complete audit report within the required time frame.
 3. Disallow the cost of audits that do not meet these standards.
 4. Delaying payments, withholding percentage of payments, withholding or disallowing overhead costs or suspending the contract until the Contractor is in compliance.
 5. Require modified monitoring and/or reporting provision.
 6. Assess financial sanctions or penalties.
 7. Discontinuing contracting with the Contractor.
- G. Requests to waive the audit requirement must be submitted to the Agency in writing. The request must state reason for audit waiver and suggest an alternate method of monitoring program funding.

Audit waiver requests must be completed at the time of contracting process and prior to signing the contract. These requests will be reviewed by the Agency. When the request is considered to be reasonable, the Agency will forward the request for authorization to the State Strategic Finance Regional Office. Requests for audit waivers after the contract is signed will be entertained in exceptional situations only.

XXI. ALLOWABLE COSTS

The Agency will make payments for costs that are consistent with the Department of Children and Families and/or the Department of Health Services Allowable Cost Policy Manual and Federal Allowable cost policies. Program expenditures and descriptions of allowable costs are further described in 2 CFR Part 225 and Part 230 or the program policy manual. See office of Management and Budget website for links to Code of Federal Regulations. (CFR) sections:

<http://www.whitehouse.gov/omb/information-for-agencies/circulars>

XXII. RESERVES

The Contractor may retain a reserve or profit of funds, consistent with Wis.Stats.49.34(5m) that will occur with the reconciliation at the end of the Contract period. Calculation of the annual surplus amounts and the portion of surplus that the Contractor may retain in a year will be based on the Department of Children and Families and/or the Department of Health Services Allowable Cost Policy Manual.

XXIII. EXCESS / OVERPAYMENTS

The Contractor will return to the Agency any funds paid in excess of the allowable costs of services provided under this Contract within thirty (30) days of notification by the Agency. If the Contractor fails to return funds paid in excess of the allowable costs of the services provided, the Department of Children and Families and/or the Department of Health Services may recover any funds paid in excess of the allowable cost of the services provided. Funds in excess of this Contract may be recovered from subsequent payments or may recover such funds by any legal means.

XXIV. AFFIRMATIVE ACTION/CIVIL RIGHTS COMPLIANCE

- A. Contractor shall comply with the requirements of the current Civil Rights Compliance (CRC) Plan, which is online at <http://www.dhs.wisconsin.gov/civilrights/CRC/requirements.htm>.

Upon execution of this contract, Contractors that have more than fifty (50) employees and receive more than fifty thousand dollars (\$50,000.00) must develop and attach a Civil Rights Compliance Plan to this contract. Contractors

that have less than fifty (50) employees or receive less than a total of fifty thousand dollars (\$50,000) must develop and attach a Letter of Assurance to this contract. If an approved plan has been received during the previous calendar year, a plan update is acceptable. The plan may cover a four (4) year period.

- B. As a condition of receiving new or continued federal funding from the U.S. Department of Health and Human Services (HHS), on or after April 16, 2025, domestic recipients, subrecipients, and contractors must file an Assurance of Compliance (Form HHS 690) with the HHS Office for Civil Rights (OCR).**

This filing requirement aligns with Executive Order (E.O.) 14173 “Ending Illegal Discrimination and Restoring Merit-Based Opportunity,” which affirms, amongst other things, that contractual counterparties or grant recipients of federal funds must certify that it does not operate programs that violate any applicable Federal anti-discrimination laws.

In alignment with HHS policy, DHS, as the recipient of HHS funds, must ensure that all subrecipients and contractors receiving federal HHS funds through DHS attest that they have submitted Form HHS 690 to OCR.

HHS reserves the right to terminate financial assistance awards and claw back all funds if the recipients, during the term of this award, operate any program in violation of Federal anti-discriminatory laws or engages in prohibited boycott. Per the HHS Grants Policy Statement, domestic recipients, subrecipients, and contractors are subject to these conditions.

- C. Contractor shall provide a duly executed Attestation of Filing Assurance of Compliance (Form HHS 690) to Sauk County prior to any payment effective with the date of this Contract.**
- D. Contractor shall notify Sauk County in writing immediately if its HHS 690 submission is rescinded, rejected, or otherwise becomes invalid or Contractor becomes aware of any allegation or determination that it is operating any program in violation of applicable federal anti-discrimination laws implicated by the Attestation.**

XXV. INDEMNITY AND INSURANCE

- A. Contractor agrees that it will at all times during the existence of this contract indemnify Agency against any and all loss, damages, and costs or expenses which**

Agency may sustain, incur, or be required to pay by reason of any eligible client's suffering, personal injury, death or property loss resulting from participating in or receiving the care and services to be furnished by the Contractor under this contract; however, the provisions of this paragraph shall not apply to liabilities, losses, charges, costs, or expenses caused by Agency.

- B. In order to protect itself and Agency, its officers, boards, commissions, agencies, employees, and representatives under the indemnity provisions of this contract, Contractor shall obtain, and at all times during the term of this contract keep in full force and effect comprehensive general liability and auto liability insurance policies (*as well as professional malpractice or errors and omissions coverage, if the service being provided are professional services*). The policy or policies shall be issued by a company or companies authorized to do business in the State of Wisconsin and licensed by the Wisconsin Office of the Commissioner of Insurance, with liability coverage provided for therein in the following amounts: comprehensive general liability of at least \$1,000,000.00 CSL (Combined Single Limits) and auto liability of at least \$500,000 CSL. Coverage afforded shall apply as primary. If Contractor receives any claim or legal process based on an act, error or omission related to services rendered under the terms of this Contract or has reason to believe a demand for damages may be made, Contractor shall immediately notify Agency.
- C. Agency shall be given ten (10) days advance notice of cancellation or non-renewal. Upon execution of this contract, Contractor shall furnish Agency with a certificate of insurance listing Agency as an additional insured and, upon request, certified copies of the required insurance policies.
- D. If Contractor's insurance is underwritten on a Claims-Made basis, the retroactive date shall be prior to or coincide with the date of this contract, the Certificate of Insurance shall state that coverage in Claims-Made and indicate the retroactive date, Contractor shall maintain coverage for the duration of this Contract and for two years following the completion of this contract.
1. Contractor shall furnish Agency, annually on the policy renewal date, a Certificate of Insurance as evidence of coverage.
 2. It is further agreed that Contractor shall furnish the Agency with a Thirty, (30) day notice of aggregate erosion, in advance of the retroactive date, cancellation, or renewal.
 3. It is also agreed that on Claims-Made policies, either Contractor or Agency may invoke the tail option on behalf of the other party and that the Extended Reporting Period premium shall be paid by Contractor.

- E. In the event any action, suit or other proceeding is brought against Agency upon any matter herein indemnified against, Agency shall give reasonable notice by registered mail to the Contractor and shall cooperate with Contractor's attorneys in the defense of the actions, suit, or other proceeding.
- F. Contractor shall furnish evidence of adequate Worker's Compensation Insurance.

XXVI. EQUIPMENT USAGE

Equipment provided by Sauk County Department of Human Services is the property of Sauk County Department of Human Services. Upon termination of the Contractor's employee using the equipment, or termination of the contract between Sauk County DHS and the said Contractor, the equipment must be returned within (5) five working days. If the equipment is damaged or not returned, the Contractor will be held responsible for the replacement cost of the equipment. Sauk County may withhold from future payments the replacement cost of the said equipment or take any other necessary action.

XXVII. INDEPENDENT CONTRACTOR

Nothing in this contract shall create a partnership or joint venture between the Agency and the Contractor. The Contractor is at all times acting as an independent contractor and is in no sense an employee, agent, or volunteer of the Agency.

XXIII. RENEGOTIATION BY EITHER PARTY

This contract or any part thereof may be renegotiated in the case of 1) increased or decreased volume of services; 2) changes required by federal or state laws or regulations or court action; or, 3) monies available affecting the substance of this contract.

XXIX. CONTRACT REVISIONS AND/OR TERMINATION'S

- A. Failure to comply with any part of this contract may be considered cause for revision, suspension, or termination of this contract.
- B. Revisions of this contract must be agreed to by Agency and Contractor by an addendum signed by the authorized representatives of both parties.
- C. Contractor shall notify Agency whenever it is unable to provide the required quality or quantity of services. Upon such notification, Agency and Contractor shall determine whether such inability will require a revision or suspension or termination of this contract.
- D. Either party may terminate this contract by a thirty (30) day written notice to the other party.

Upon termination, the Agency's liability shall be limited to the costs incurred by the Contractor up to the date of termination. If the Agency terminates the contract for reasons other than non-performance by the Contractor, the Agency may compensate the Contractor for its actual allowable costs in an amount determined by mutual contract of both parties. If the Agency terminates the contract for the Contractor's breach, the Contractor may be liable for any additional costs the Agency incurs for replacement services.

XXX. RESOLUTION OF DISPUTES

The Contractor may appeal decisions of the Agency in accordance with the terms and conditions of the contract and Sauk Co. Code ch. 33.

XXXI. CONTROLLING LAW AND REVENUE

It is expressly understood and agreed to by the parties hereto that in the event of any disagreement or controversy between the parties, Wisconsin law shall be controlling. Venue for any legal proceedings shall be in the Sauk County Circuit Court.

XXXII. LIMITATIONS OF AGREEMENT

This contract is intended to be a contract solely between the parties hereto and for their benefit only. No part of this contract shall be construed to add to, supplement, amend, abridge, or repeal existing duties, rights, benefits, or privileges of any third party or parties, including but not limited to employees of either of the parties.



RTX 17.1

Name: **MANAGING OF RESIDENT'S MONEY AND PROPERTY**

Domain Area: Residential Treatment Services

PROCEDURE

This policy applies to all Lad Lake and St. Rose Out of Home Care programs.

WHILE IN PROGRAM

MONEY

1. Any money/cash a resident has while in the program will be placed in an envelope with their name on it along with a tracking sheet and kept in the locked safe or room in the unit staff office.
2. Anytime money is removed or placed in the envelope, a staff and the resident will initial that the transaction occurred along with the date of the transaction.
3. A debit system is used for the Canteen on the Dousman Campus. The residents or the staff accompanying residents to the Recreation Center/Canteen bring the individual debit sheet for each youth weekly. Residents are allowed to purchase a maximum of two items per visit (only one soda). Recreation staff deduct the amount spent by each resident on their personal debit sheet and record the amount on a form that lists all residents by unit. At the end of a seven-day period we total the amount owed by each resident and email the totals owed to a designated staff in each unit, that individual gathers the money from the resident's envelope which is then returned to the Recreation Center/Canteen. The money is then returned to the finance department in the Administration building.
4. Allowances are given to each youth on a weekly basis on the Dousman Campus and on a monthly basis on the St. Rose Campus. These allowances are earned by doing chores, Activities of Daily Living (ADL), and effort toward their goals.
5. If a resident is participating in the Vocational Work Program. They will have two bank accounts set up:
 - a. One with Lad Lake as an additional signer (at Ixonia State Bank for Dousman Campus residents)
 - b. One Non-Custodial Account (at Summit Credit Union)
 - i. A portion (one-half) of the money they earn will be put into their account at Ixonia State Bank (additional signer) and the other portion (one-half) will be put into their account at Summit Credit Union (Non-Custodial) (deviations from the amount to be saved can be approved by the youth's treatment team). While at Lad Lake, they will have access to the Non-Custodial account for purposes of financial literacy training. The dedication of

financial literacy helps them understand the value of money. When they understand the value of money, they are able to handle their finances in a better way. They will be able to know the importance of budgeting, saving and avoid unnecessary expenditures.

- ii. While a resident is in placement with Lad Lake their Summit Credit Union check/debit card will be locked in the unit staff office safe except when they are approved to have it while going on activities in the community or home passes.
- iii. The Additional Signer account at Ixonia State Bank will be used for saving purposes; both the resident and a Lad Lake representative and/or Case Manager will need to sign in order to move money from that account.
- iv. On or before the date of discharge, funds from the "additional Signer" account will be transferred to the "Non-Custodial" account. The Unit Manager or Unit Case Manager will have a check/money order made out in the amount in the Ixonia State Bank account and deposit the funds into the Summit Credit Union Non-Custodial account.

Ixonia State Bank
491 Main St.
Dousman, WI 53118

Summit Credit Union
1300 Oconomowoc Pkwy
Oconomowoc, WI 53066

- v. Upon discharge from our residential program, the Unit Case Manager will notify the parent/guardian and the community case manager of the amount of funds currently in the Summit Credit Union account and that the youth will have the check/debit card in their possession unless otherwise required in writing by the parent/guardian or community case manager.

INSTRUCTIONS FOR ORDERING ALLOWANCES

Dousman Campus

1. Complete the allowance order form (green) on Monday mornings.
2. Use information from the Chore Sheets that are attached to the debit record, they are yellow
3. List names alphabetical by last name
 - Last name, First Name
4. Each resident will receive \$6.00 each week for allowance.
5. Take each resident's extra chore sheet (yellow) add up the total and place the total at the bottom. If a resident has a blank slip please throw it away and put "0" under their chore. Put the total for their extra chores under the "chore" column.
6. Add the total from chore and allowance and place that number in Total
7. Leave restitution blank- that is for accounting to fill out.
8. Paper clip the extra chore sheets and the Allowance order form and have the Manager sign off on them.

9. Place them in the A-building basket to be picked up Monday morning, this must be done before 8:30am.
10. Make new chore sheets for each resident

Picking up Allowances on Wednesday

1. Go to Accounting when it is open
2. Sign the Allowance order form
3. Take the allowances and the white copy of the Allowance order form
4. Put Money in the safe for assigned person to add to each resident's account
5. Have each resident initial on the allowance order form that they received their allowance and return that to accounting.

St. Rose Campus

1. Each resident gets \$6.00 per week allowance.
2. The Manager requests the allowance from accounting to receive each week.
3. The staff from the Accounting Dept. delivers the allowances to the St. Rose Manager on Wednesday's each week.
4. The money is kept in the locked cabinet in the locked medication room of the staff office.
5. A tracking sheet is signed by the resident and a staff each time money is placed or removed from their envelope.

TRANSITION FROM THE PROGRAM

For residents that have a planned transition:

MONEY

1. Unit staff will have a bank check made out to the resident and his/her legal guardian for the amount of money the resident has in his/her bank account and unit account if it is over \$20.00. This will be ready at the time of transition. If it is under \$20.00 the youth will be given it to them in cash.
 - o The check and/or money will be given to the responsible adult that is transporting the youth to his/her next destination. If that is not possible, the check will be mailed to the legal guardian or given to the juvenile with the legal guardian's verbal permission.
2. **Vocational Work Program:** Unit staff/Case Manager will transfer funds from "Additional Signer" account at Ixonia State Bank to the "Non-Custodial" account at Summit Credit Union (see procedure above).
 - o The check/debit card will be given to the resident. Information regarding account information will be shared with the youth, their parent/guardian, community Case Manager and responsible adult that is transporting youth to his/her destination.
3. The Unit Case Manager will document the amount of funds given to the resident, sent in a check, or in the Summit Credit Union account in the Discharge report.

PROPERTY

Unit staff will ensure that the juvenile has all of his/her possessions at the time of transition. If there are belongings that have been confiscated but are legal, the unit staff will consult with the juvenile's parent/guardian and/or P.O. to determine what should be done with the property.

Residents that have an unplanned transition:

MONEY

1. Unit staff will have a bank check made out to the juvenile and his/her parent/guardian for the amount of money the juvenile has in his/her bank account and unit account within one week of the unplanned transition. The check will be mailed to the resident's legal guardian. An exception to this would be when a Wisconsin Department of Corrections P.O. requests the check be given to them for the department to keep possession of it until the juvenile is apprehended. Any paychecks that are due to the resident after the transition will follow the above protocol.

Vocational Work Program: The check/debit card from Summit Credit Union will be mailed to the parent/guardian or community Case Manager following the money from the Ixonia State Bank account being transferred into the Summit Credit Union account. Information regarding account information will be shared with their parent/guardian and community Case Manager.

2. The Unit Case Manager will document the amount of the check mailed or in the Summit Credit Union account in the Discharge report.
3. Copies of any checks mailed should be photocopied and uploaded into their file in our electronic records system

PROPERTY

Unit staff will gather and package all of the juvenile's property the same day as the unplanned transition. The Manager will work with the legal guardian to develop a plan to get the property to them within one week of the unplanned transition. If the Manager is unsuccessful in contacting the legal guardian within one week, the property will be sent to the legal guardian via Fed Ex or UPS.

Procedure Effective: June 10, 2022
Revised and/or reviewed: NA
Approved Director: Steve Schmidt, 6/10/22
Approved CPO: Jessica Waldron, 6/10/22
Approved CEO: Donelle Hauser, 6/10/22



DEPARTMENT OF HUMAN SERVICES

**P.O. Box 29 • Baraboo WI 53913
(608) 355-4200 • FAX (608) 355-4299
Jessica Mijal, Director**

2021 Revision
12/15/21

Dear Provider:

We would like to thank you for continuing to provide services and programs to support our mission of serving the residents of Sauk County. The Business Associate Agreement (BAA) and Business Associate Checklist are below. Please review these documents carefully. The BAA requires a signature and the checklist should be completed to the best of your ability. If you have questions on either of these documents, please feel free to contact us at the number listed above, ext. 4283.

Security measures related to Telehealth are essential as we continue our commitment around compliance with the Health Insurance Portability and Accountability Act of 1996 and our commitment to keeping our consumers information protected.

Communication between your staff and SCDHS must meet HIPAA standards for secure transmission. If your agency intends to exchange protected information with SCDHS via email, **you are required to ensure that these transmissions are secure** (for example, transmissions using personal Gmail/Yahoo accounts are NOT secure). SCDHS continues to work to establish encrypted gateways with our partner agencies who exchange protected health information when providing care for our consumers.

We will notify our partners if we identify that your electronic transmission is not secure. We will require that your agency meet HIPAA regulations for secure transmission. To assist you in determining what options may be available for your agency, the Management Information System (MIS) Department at Sauk County has offered to assist with suggestions for encryption tools. They can be contacted at 608-355-3555.

Yours truly,

SAUK COUNTY DEPARTMENT OF HUMAN SERVICES

Signed by:
Jessica Mijal
Jessica Mijal
Director

BUSINESS ASSOCIATE AGREEMENT

THIS BUSINESS ASSOCIATE AGREEMENT ("Agreement") is made and entered into as of the January 1, 2026 thru December 31, 2026, by and between Sauk County ("Covered Entity"), and Lad Lake, Inc. ("Business Associate").

The parties to this Agreement are committed to complying with the Health Insurance Portability and Accountability Act of 1996 and its amendments and the regulations promulgated thereunder (collectively "HIPAA"). In order to ensure such compliance, this Exhibit sets forth the terms and conditions pursuant to which Protected Health Information that is provided to, or created by, the Business Associate from or on behalf of Covered Entity will be handled.

I. Definitions

A. Catch-all definition: The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Electronic Protected Health Information, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

B. Specific definitions:

1. Business Associate. "Business Associate" shall generally have the same meaning as the term "Business Associate" in 45 CFR 160.103, and in reference to the party to this agreement, shall mean Lad Lake, Inc.

2. Covered Entity. "Covered Entity" shall generally have the same meaning as the term "Covered Entity" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean Sauk County.

3. HIPAA Rules. "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164 and any amendments thereto, as set forth in section VI of this document.

4. Protected Information. "Protected Information" shall mean any information considered private, confidential, proprietary or sensitive for which access or release is restricted by policy, rule, regulation or law.

5. Telehealth. The remote provision of care utilizing specialized communication technologies.

6. Workforce. "Workforce" shall mean the Employees, volunteers, trainees, students, contractors, and other persons whose conduct, in the performance of work for Business Associate, is under the direct control of the Business Associate, whether or not they are paid by the Business Associate.

II. Obligations and Activities of Business Associate:

Business Associate agrees to:

- A. Not use or disclose protected health information other than as permitted or required by the Agreement or as required by law;
- B. Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of protected health information other than as provided for by the Agreement;
- C. Report to Covered Entity any use or disclosure of protected health information not provided for by the Agreement of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware (see Section IV. IV.below);
- D. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information, evidenced by written agreement with subcontractor;
- E. Make available protected health information in an Individual's designated record set to the Individual as necessary to satisfy Covered Entity's obligations under 45 CFR 164.524;
- F. Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the Covered Entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy Covered Entity's obligations under 45 CFR 164.526;
- G. Maintain and make available the information required to provide an accounting of disclosures to the Covered Entity, a third party or individual as necessary to satisfy Covered Entity's obligations under 45 CFR 164.528;
- H. To the extent the Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Covered Entity in the performance of such obligation(s); and
- I. Make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.
- J. Mitigation: to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a Use or Disclosure of PHI by Business Associate in violation of the requirements of this Agreement.

K. **Tracking and Accounting of Disclosures.** So that Covered Entity may meet its accounting obligations under the Privacy Rule, Business Associate agrees to 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 § 164.528. For each Disclosure of PHI that Business Associate makes to Covered Entity or to a third party that is subject to Disclosure under 45 CFR § 164.528, Business Associate will record (i) the Disclosure date, (ii) the name and (if known) address of the person or entity to whom Business Associate made the Disclosure, (iii) a brief description of the PHI disclosed, and (iv) a brief statement of the purpose of the Disclosure. For repetitive disclosures which Business Associate makes to the same person or entity, including the Covered Entity, for a single purpose, Business Associate may provide (i) the Disclosure information for the first of these repetitive disclosures, (ii) the frequency, duration or number of these repetitive disclosures, and (iii) the date of the last of these repetitive disclosures. Business Associate will make this log of Disclosure information available to the Covered Entity within five (5) business days of the Covered Entity's request. Business Associate must retain the Disclosure information for the six-year period preceding Covered Entity's request for the Disclosure information.

L. **Audit.** For purposes of determining Business Associate's or Covered Entity's compliance with HIPAA, upon request of Covered Entity or the Secretary of Health and Human Services, Business Associate shall: (i) make its HIPAA policies and procedures, related documentation, records maintained, and any other relevant internal practices and books relating to the Use and Disclosure of PHI, available to the Secretary of Health and Human Services or to Covered Entity and (ii) provide reasonable access to Business Associate's facilities, equipment, hardware and software used for the maintenance or processing of PHI. Business Associate shall promptly notify Covered Entity of communications with the Secretary regarding PHI and shall provide Covered Entity with copies of any information Business Associate has made available to the Secretary under this Section of the Agreement.

M. **Response to Subpoena.** In the event Business Associate receives a subpoena or similar notice or request from any judicial, administrative or other party which would require the production of PHI received from, or created for, Covered Entity, Business Associate shall promptly forward a copy of such subpoena, notice or request to Covered Entity to afford Covered Entity the opportunity to timely respond to the demand for its PHI as Covered Entity determines appropriate according to its state and federal obligations.

N. **Information Security.** Business Associate shall implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of electronic protected health information (ePHI) that Business Associate creates, receives, maintains, or transmits on behalf of Covered Entity. At a minimum, Business Associate's safeguards for the protection of Protected Information shall include:

1. limiting access of Protected Information to Authorized Persons;

2. securing business facilities, data centers, paper files, servers, back-up systems and computing equipment, including, but not limited to, all mobile devices and other equipment with information storage capability;
3. implementing network, device application, database and platform security;
4. securing information transmission, storage and disposal;
5. implementing authentication and access controls within media, applications, operating systems and equipment;
6. encrypting Protected Information stored on any mobile media;
7. encrypting Protected Information transmitted over public or wireless networks;
8. strictly segregating Protected Information from information of Business Associate or its other customers so that Protected Information is not commingled with any other types of information;
9. implementing appropriate personnel security and integrity procedures and practices, including, but not limited to, conducting background checks consistent with applicable law; and
10. providing appropriate privacy and information security training to Business Associate's employees.

O. Upon Covered Entity's written request, Business Associate shall provide Covered Entity with a network diagram that outlines Business Associate's information technology network infrastructure and all equipment used in relation to fulfilling of its obligations under this Agreement, including, without limitation:

1. connectivity to Covered Entity and all third parties who may access Business Associate's network to the extent the network contains Personal Information;
2. all network connections including remote access services and wireless connectivity;
3. all access control devices (for example, firewall, packet filters, intrusion detection and access-list routers);
4. all back-up or redundant servers; and
5. permitted access through each network connection.

P. Telehealth. If the Business Associate utilizes telehealth to provide services, such services must meet the same standards for information security set forth in section N. above. In addition, Business Associate must ensure that the provision of these services meets with any applicable HIPAA standards, these include, but are not limited to:

1. Only authorized users shall have access to telehealth records.
2. End to end encryption of telehealth data transmission.
3. Ability to audit telehealth session access and monitor communications to prevent either accidental or malicious disclosures.

4. Business Associate has entered into a Business Associate Agreement with platform provider, or utilizes a platform provided by Sauk County for which Sauk County has a current Business Associate Agreement.
5. Business Associate has obtained required patient consents for telehealth.

Q. Workforce Training. Business Associate shall provide Workforce members with appropriate training to comply with the HIPAA Privacy and Security Rules in accordance with 45 CFR 164.530(b)(1) and 45 CFR 164.308(a)(5) and provide records of such training to the Covered Entity upon request.

III. Permitted Uses and Disclosures by Business Associate

A. Business associate may only use or disclose protected health information as follows:

1. Necessary to perform the services set forth in Service Agreement.
2. Business associate may use or disclose protected health information as required by law.
3. Business Associate shall not request, use or disclose more than the minimum amount of PHI necessary to accomplish the purpose of the Use, Disclosure, or request, consistent with Covered Entity's minimum necessary policies and procedures.
4. Business associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by Covered Entity except for the specific uses and disclosures set forth below.
5. Business associate may use protected health information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
6. Business associate may disclose protected health information for the proper management and administration of Business Associate or to carry out the legal responsibilities of the Business Associate, provided the disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
7. Business associate may provide data aggregation services relating to the health care operations of the Covered Entity only with the written consent of the Covered Entity.

B. Provisions for Covered Entity to Inform Business Associate of Privacy Practices and Restrictions

1. Covered entity shall notify Business Associate of any limitation(s) in the notice of privacy practices of Covered Entity under 45 CFR 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of protected health information.

2. Covered entity shall notify Business Associate of any changes in, or revocation of, the permission by an individual to use or disclose his or her protected health information, to the extent that such changes may affect Business Associate's use or disclosure of protected health information.

3. Covered entity shall notify Business Associate of any restriction on the use or disclosure of protected health information that Covered Entity has agreed to or is required to abide by under 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of protected health information.

C. Permissible Requests by Covered Entity

Covered entity shall not request Business Associate to use or disclose protected health information in any manner that would not be permissible under Subpart E of 45 CFR Part 164 if done by Covered Entity.

IV. Reports of Nonpermitted Uses or Disclosures, Security Incidents or Breaches by the Business Associate.

Reporting required under this section shall be made to the Sauk County Privacy Officer at the following address;

Sauk County Administrative Coordinator
Attn.: Privacy Officer
505 Broadway, Baraboo, WI 53913
Ph: 608-355-3273

A. Reports of Nonpermitted Use or Disclosure: Business Associate agrees to promptly report to Covered Entity any Use or Disclosure of PHI not provided for by this Agreement and cooperate with Covered Entity in its investigation of such event.

B. Reports of Security Incidents. For purposes of this Section, "Security Incident" shall have the same meaning as "Security Incident" in 45 CFR § 164.304.

1. Business Associate agrees to promptly notify Covered Entity of any Security Incident involving PHI of which it becomes aware and cooperate with Covered Entity in the investigation.

2. Business Associate will report attempted but unsuccessful Security Incidents that do not result in any unauthorized access, Use, Disclosure, modification or destruction of PHI, or interference with an information system at Covered Entity's request, at least annually even in the absence of the Covered Entity's request.

C. Reports Related to Potential Breach of Unsecured PHI.

1. Following the discovery of a Breach of Unsecured PHI, Business Associate shall notify Covered Entity of the Breach. Such notification shall be made without unreasonable delay after discovering the Breach, but no later than ten (10) calendar days after its discovery.
2. Business Associate's notice shall include, to the extent possible, the identification of each Individual whose Unsecured PHI has been, or is reasonably believed by the Business Associate to have been, accessed, acquired, used, or disclosed during or as a result of the Breach. Business Associate shall also provide Covered Entity with at least the following information: a description of the Breach, including the date of Breach and the date of discovery of the Breach, if known; a description of the types of Unsecured PHI involved in the Breach; any steps Individuals should take to protect themselves from potential harm resulting from the Breach; a brief description of what Business Associate is doing to investigate the Breach, to mitigate harm to Individuals, and to protect against any further Breaches; and any other information requested by Covered Entity related to the Breach. Business Associate shall promptly supplement such notice with additional information as it becomes available, even if such information becomes available after Individuals have been notified of the Breach.
3. Business Associate agrees to cooperate with Covered Entity in the investigation of a Breach of Unsecured PHI and to cooperate with and participate in, to the extent requested by Covered Entity, the notification of Individuals, the media, and the Secretary of any Breach of Unsecured PHI.
4. In the event that: (i) a Breach of Unsecured PHI occurs because of the action or inaction of Business Associate, its employees, agents, representatives, or Subcontractors; or (ii) a Breach occurs involving Unsecured PHI in Business Associate's possession, or PHI created, maintained, transmitted, or received by Business Associate or its employees, agents, representatives, or Subcontractors, Business Associate agrees that Covered Entity may, in its sole discretion, require Business Associate to provide such notification as may be required of Covered Entity by 45 CFR §§ 164.404, 164.406, and 164.408. Covered Entity shall have the right to review, direct, and approve or reject the contents or manner of such notification.

V. Term and Termination

- A. **Term.** The Terms of this Agreement shall be effective as of January 1, 2026, and shall remain in effect until all PHI is returned to Covered Entity or destroyed in accordance with the terms of this Agreement.
- B. **Termination for Cause.** Business associate authorizes termination of this Agreement by Covered Entity, if Covered Entity determines Business Associate has violated any term of the Agreement.
- C. **Obligations of Business Associate Upon Termination.**

Upon termination of this Agreement for any reason, Business Associate shall, and shall ensure its Subcontractors that possess PHI or data derived from PHI shall, return to Covered Entity [or, if agreed to by Covered Entity, destroy] all protected health information received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity, that the Business Associate still maintains in any form, as promptly as possible but not more than thirty (30) days after notice of termination of this agreement. Business associate, and subcontractor, if applicable, shall retain no copies of the protected health information, and shall certify under oath in writing to Covered Entity that such return has been completed

D. Survival. The obligations of Business Associate under this Section shall survive the termination of this Agreement.

VI. Miscellaneous.

A. Automatic Amendment. Upon the effective date of any amendment to HIPAA, the Privacy Rule or the Security Rule promulgated by HHS with regard to PHI, this Agreement shall automatically amend so that the obligations imposed on Business Associate remain in compliance with such regulations

B. Interpretation. Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Covered Entity and Business Associate to comply with HIPAA.

C. Independent Contractor Status. The parties agree that in performing the Services and satisfying the obligations of this Agreement, Business Associate shall at all times be an independent contractor for Covered Entity and nothing in this Agreement shall be construed as creating an agency, employment, joint venture, partnership or other relationship. Covered Entity shall neither have nor exercise any control or direction over Business Associate. Business Associate shall avoid taking any action or making any representation or warranty whatsoever with respect to its relationship with Covered Entity which is inconsistent with its independent contractor status.

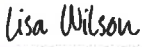
D. Conflicts. Any provision of the Underlying Agreement that is directly contradictory to one or more terms of this Agreement ("Contradictory Term") shall be superseded by the terms of this Agreement only to the extent of the contradiction, as necessary for the parties' compliance with HIPAA and to the extent that it is reasonably impossible to comply with both the Contradictory Term and the terms of this Agreement.

E. Integration. This Agreement contains the entire understanding between the parties hereto relating to the subject matter herein and shall supersede any other oral or written agreements, discussions and understandings of every kind and nature, including any provision in any services agreement.


F. Waiver. No delay or failure of either party to exercise any right or remedy available hereunder, at law or in equity, shall act as a waiver of such right or remedy, and any waiver shall not waive any subsequent right, obligation, or default.

This agreement is binding upon the parties on the Effective Date indicated above:

FOR SAUK COUNTY

Signed by:

799A5BE8A6634BF
Name: Lisa Wilson
Title: County Administrator
Date: 4/6/2026

FOR THE BUSINESS ASSOCIATE


Name: Danielle Hush
Title: CEO
Date: 4/16/26

Sauk County’s Protected Information is to be destroyed/disposed/Sanitized using a method that ensures the Protected Information cannot be recovered or reconstructed. The following table contains a list of acceptable methods by media type.

Medium	Method Used
Audiotapes	<ul style="list-style-type: none"> • Recycle (tape over), Degauss or pulverize.
Electronic Data/ Hard Disk Drives including drives found in servers, workstations, printers, and copiers	<ul style="list-style-type: none"> • Destroy data permanently and irreversibly through a DoD wipe, physical destruction (pulverize, shred, disintegrate, incinerate), Degaussing of it, or hard drive erasure software. • Methods of reuse: overwrite data with a series of characters or reformatting the disk (destroying everything on it). Deleting a file on a disk does not destroy the data, but merely deletes the filename from the directory, preventing easy access of the file and making the sector available on the disk so it may be overwritten.
Electronic Data/ Removable Media or devices including USB drives, SD cards, CDs, tapes, and cartridges	<ul style="list-style-type: none"> • Overwrite data with a series of characters or reformat it (destroying everything on it). Total data destruction does not occur until the data has been overwritten. • Magnetic Degaussing that leaves the sectors in random patterns with no preference to orientation, rendering previous data unrecoverable. Magnetic Degaussing will leave the sectors in random patterns with no preference to orientation, rendering previous data unrecoverable. • Shredding or pulverization is done for the final disposition of any removable Media when it is no longer usable.
Handheld devices including cell phones, smart phones, PDAs, tablets and similar devices.	<ul style="list-style-type: none"> • Activate the Software on these devices that remotely wipes (“bit-wipe”) data from them. • When a handheld device is no longer reusable it is then bit-wiped and totally destroyed by recycling or by trash compacting
Optical Media	<ul style="list-style-type: none"> • Optical disks cannot be altered or reused, making pulverization an appropriate means of destruction/disposal.
Microfilm/ Microfiche and X- rays	<ul style="list-style-type: none"> • Recycle through a contracted BA or pulverize.
PHI Labeled Devices, Containers, Equipment, Etc.	<ul style="list-style-type: none"> • Reasonable steps should be taken to destroy or de-identify any PHI information prior to disposal of this medium. Remove labels or incineration of the medium; or • Obliterate the information (make it unreadable) with a heavy permanent marker pen. • Ribbons used to print labels may contain PHI and are shredded or incinerated.
Paper Records	<ul style="list-style-type: none"> • Paper records are destroyed/disposed of in a manner that leaves no possibility for reconstruction of the information. Appropriate methods for destroying/disposing of paper records include:

Medium	Method Used
	burning, shredding, pulping, and pulverizing. If shredded, use cross cut shredders which produce particles that are 1 x 5 millimeters or smaller in size.
Videotapes	<ul style="list-style-type: none">• Recycle (tape over) or pulverize.

Business Associate Compliance Questionnaire

Business Associate Information:

BA Name:	Lcd Lake, Inc	Date Completed:	4/16/26
BA Address:	W35051401 Waterville Rd		
BA Phone:	262-965-2131		
Number of employees:	210	Person Completing Questionnaire (name, title):	Dawn Reynolds compliance coordinator

Privacy Officer Name, Contact:	Jeff Pease Jeffrey.pease@lcdlake.org
Security Officer Name, Contact:	Dawn Dawn Darddawn@lcdlake.org

Compliance Questions:

1 When was the last time you updated your documented privacy and information security policies and procedures?

- Within the last 6 months
- Less than a year ago
- 1 to 2 years ago
- More than 2 years ago
- Never

Additional Information:

NA

2 Describe how the privacy and information security policies and procedures are communicated to all personnel, and made available for them to review at any time. Check all that apply.

- By email
- By company intranet / internet

- Hard copy
- Management policy binders
- Via Compliance system / portal
- Other – Explain:

All employees have access to the policy + procedure upon higher and ongoing. we can check periodic safety breach of info + test.

3 Do you provide annual training and ongoing awareness communications for information security and privacy for all your workers?

- Yes
- No

- a. If No, What is your regular training interval? Annual
- b. What is the date of most recent training? multiple dates

4 Do you conduct annual security risk assessments?

- Yes
- No

- a. Date of most recent assessment: multiple dates

5 Do you require all types of sensitive information, including personal information and health information, to be encrypted when it is sent through public networks and when it is stored on mobile computers and mobile storage devices?

- Yes
- No

6 Do you have retention policies for sensitive information?

- Yes
- No

7 Do you require sensitive information, in all forms, to be disposed of using secure methods?

Yes

No

a. Do you maintain records of such disposals?

Yes

No

8 Do you regularly make backups of business information, and have documented disaster recovery and business continuity plans?

Yes

No

9 How quickly are new employees trained on your privacy and security policies?

Within one week

within 30 days

within 60 days

after more than 60 days

Never

Other – Explain:

Employees receive and sign off on policy and procedure annually

10 Do you have a formal Breach Notification process?

Yes

No

11 Do you have an internal team to support the Breach Notification process?

Yes

No

12 Do you have a documented procedure for the reporting of privacy and security incidents and breaches?

Yes

No

13 Do you outsource any activities involving Sauk County's protected data?

Yes

No

a. If "Yes" Explain:

NA

b. If you answered yes to #13, do you have a Business Associate Agreement with each subcontractor used?

Yes

No

14 Check all the following standards for which you can verify compliance:

HIPAA Privacy/

HIPAA HITECH

Other (Please Specify): NA

None

15 Please include any other information you consider relevant to your proof of privacy and security compliance:

NA

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 any rights to the certificate holder in lieu of such endorsement(s).


PRODUCER USI Insurance Services, LLC 100 N. Corporate Dr. #100 Brookfield, WI 53045 262 439-4700	CONTACT NAME: Tamara Hesthaven
	PHONE (A/C, No, Ext): 262 439-4700 FAX (A/C, No): E-MAIL ADDRESS: WI.Certs@usi.com
INSURED Lad Lake, Inc. P.O. Box 158 Dousman, WI 53118	INSURER(S) AFFORDING COVERAGE INSURER A : Philadelphia Indemnity Insurance Co. NAIC # 18058
	INSURER B : Employers Mutual Casualty Insurance Co NAIC # 21415
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES CERTIFICATE NUMBER: 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 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:		PHPK2623918010	11/01/2025	11/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		PHPK2623918010	11/01/2025	11/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000		PHUB889251010	11/01/2025	11/01/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
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 N N/A	6H7387826	11/01/2025	11/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The General Liability and Business Auto policy(s) include an automatic Additional Insured endorsement that provides Additional Insured status to the Certificate Holder, only when there is a written contract or written agreement between the named insured and the certificate holder and with regard to work performed by or on behalf of the named insured. The General Liability and Business Auto policy(s) provide a Blanket Waiver of Subrogation in favor of the same, when required by written contract. Excess/Umbrella follows form (See Attached Descriptions)

CERTIFICATE HOLDER Sawyer County Health and Human Services 10610 Main, Suite 224 Hayward, WI 54843	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 
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DESCRIPTIONS (Continued from Page 1)

over the general liability, auto, and employers' liability policies

Policy Forms:

General Liability: Blanket Additional Insured per Form PIGLDHS (10/11); Primary coverage per Form CG0001 (04/13)

Waiver of Subrogation per Form PIAM014 (8/06)

Automobile Liability: Blanket Additional Insured Form CA2048; Primary coverage per Form CA0001 (10/13)

Sauk County Department of Human Services is included as additional insured for operations conducted by the named insured.

Coverage is provided by Liability PI-AM-014- and PI-GLD-HS-10/11

Professional Liability Per Occurrence Limit: \$1,000,000, Aggregate Limit: \$3,000,000

Coverage provided by PIHS003D

Sexual or Physical Abuse or Molestation Per Occurrence Limit: \$1,000,000, Aggregate Limit: \$2,000,000

Coverage provided by PISO008D

Certificate Of Completion

Envelope Id: 27B8D3BC-303F-8B72-81B9-FFD1EA59842A
 Subject: 2026 Lad Lake Contract and BAA Agreement.
 Source Envelope:
 Document Pages: 38
 Certificate Pages: 5
 AutoNav: Enabled
 Envelopeld Stamping: Enabled
 Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Sent

Envelope Originator:
 Jennifer Kleckner
 505 Broadway St
 PO Box 29
 Baraboo, WI 53913
 jennifer.kleckner@saukcountywi.gov
 IP Address: 162.245.176.130

Record Tracking

Status: Original
 4/2/2026 11:45:52 AM

Holder: Jennifer Kleckner
 jennifer.kleckner@saukcountywi.gov

Location: DocuSign

Signer Events

Jessica Mijal
 jessica.mijal@saukcountywi.gov
 Director, Sauk County Human Services
 Sauk County Human Services
 Security Level: Email, Account Authentication (None)

Signature

Signed by:

 ACF4125B9F1F41A

Signature Adoption: Pre-selected Style
 Using IP Address: 162.245.176.130

Timestamp

Sent: 4/2/2026 11:54:50 AM
 Resent: 4/6/2026 8:06:00 AM
 Viewed: 4/6/2026 8:06:36 AM
 Signed: 4/6/2026 8:08:06 AM

Electronic Record and Signature Disclosure:
 Accepted: 4/6/2026 8:06:36 AM
 ID: f818f329-614e-498c-8dad-0b0a4f33791f

Lisa Wilson
 lisa.wilson@saukcountywi.gov
 County Administrator
 Sauk County
 Security Level: Email, Account Authentication (None)

Signed by:

 739A5BE0A0634BF

Signature Adoption: Pre-selected Style
 Using IP Address: 162.245.176.130

Sent: 4/6/2026 8:08:09 AM
 Viewed: 4/6/2026 10:44:56 AM
 Signed: 4/6/2026 10:45:11 AM

Electronic Record and Signature Disclosure:
 Accepted: 4/6/2026 10:44:56 AM
 ID: a27b58b6-5835-4165-8c32-21e38515f5b0

Donelle Hauser
 DonelleHauser@ladlake.org
 Security Level: Email, Account Authentication (None)



Sent: 4/6/2026 10:45:14 AM
 Resent: 4/9/2026 11:24:49 AM
 Resent: 4/9/2026 11:26:07 AM
 Signed 4/16/2026 10:30 AM

Electronic Record and Signature Disclosure:
 Accepted: 2/24/2026 12:48:07 PM
 ID: 3bb011dd-45a0-45df-967a-94f37d0fa6f6

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Carbon Copy Events

Dawn Reynolds
 dawnreynolds@ladlake.org
 President/CEO

Security Level: Email, Account Authentication
 (None)

Electronic Record and Signature Disclosure:
 Accepted: 4/6/2023 10:57:16 AM
 ID: f7b4a7fd-f48c-4c0a-9667-a1ffb69ca239

Jennifer Kleckner
 jennifer.kleckner@saukcountywi.gov
 Security Level: Email, Account Authentication
 (None)

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Status**COPIED****Timestamp**

Sent: 4/6/2026 10:45:14 AM
 Viewed: 4/6/2026 10:48:02 AM

Witness Events**Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	4/2/2026 11:54:50 AM
Envelope Updated	Security Checked	4/6/2026 8:05:15 AM
Envelope Updated	Security Checked	4/6/2026 8:05:15 AM
Envelope Updated	Security Checked	4/6/2026 8:05:15 AM
Envelope Updated	Security Checked	4/6/2026 8:05:15 AM
Envelope Updated	Security Checked	4/9/2026 11:26:06 AM

Payment Events**Status****Timestamps****Electronic Record and Signature Disclosure**

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Sauk County Department of Human Services (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Sauk County Department of Human Services:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: stephanie.box@saukcountywi.gov

To advise Sauk County Department of Human Services of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at stephanie.box@saukcountywi.gov and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Sauk County Department of Human Services

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to stephanie.box@saukcountywi.gov and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Sauk County Department of Human Services

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to stephanie.box@saukcountywi.gov and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Sauk County Department of Human Services as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Sauk County Department of Human Services during the course of your relationship with Sauk County Department of Human Services.

