**Board Memo**

**DATE:** 8/29/2021

**AGENDA ITEM DETAILS:**

**School/Department**

Student Services

**Product Vendor or Grant Issuer**

WILD HEALTH INC.

**Product or Grant Name**

HIPPA Business Associate Agreement

**Date/Term (Beginning and End Dates/Year)**

August 2021-July 2022

**APPLICABLE BOARD POLICY:**

10.3, 9.21

**DESCRIBE USE OF CONTRACT/PURCHASE/AGREEMENT**

We have been working with Wild Health to host successful vaccination clinics in our schools. We wish to contract with Wild Health to provide Free COVID  testing clinics through their contract with the Commonwealth of Kentucky.  The purpose of the Business Associate Agreement is to satisfy standards and rquirements of the HIPPA Laws.

**FUNDING FOR PURCHASES AND OTHER REQUESTS:**

**Total Cost**

$0

**Funding Source**

NA

 **\*If more than one funding source, list below along with amount or percent for each source**

Click or tap here to enter text.

**IF THIS IS A GRANT, ENTER AMOUNT TO BE AWARDED:**

NA

**RECOMMENDATION:**

I recommend the board approve the Business Agreement, as presented.

**CONTACT PERSON: (submitter)**

Kathleen G. Reutman