

DELEGATE PHYSICIAN AGREEMENT

This **DELEGATE PHYSICIAN AGREEMENT** (the "Agreement") is entered into by and between the City of Everett (the "City") and Dr. Ronald Brown (the "Physician") for services as a Delegate Physician.

I. RECITALS

WHEREAS, the purpose of this Agreement is to provide delegate physician services to the City of Everett Fire Department for delegate physician services;

WHEREAS, The Snohomish County Medical Program Director may delegate to the Physician the duties set forth in WAC 246-976-920(3)(a), 4(a) (c), and (d), 5(a), (e), and (f), 6(a) – (c) and (e), 7(a) – (d) and (f), and 8 (b) – (c) to be performed for those agencies which contract for delegate physician services; and

WHEREAS, the City and Physician are desirous of having Physician provide, on a regular and ongoing basis, delegate physician services to the Everett Fire Department.

NOW, THEREFORE, in consideration of the mutual covenants and agreements hereinafter set forth and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

II. TERMS

1. **TERM.** This Agreement shall commence on the date of last signature below and remain in effect until terminated as provided herein.
2. **SERVICES.** Physician agrees to provide the services identified in **Exhibit A** (the "Services"). Physician shall, at all times, observe and comply with generally accepted practices and standards, and comply with all applicable laws and regulations, when providing Services under this Agreement. Physician shall perform the Services in strict conformance with currently approved practices in this field of medicine and in a competent and professional manner consistent with the Washington State Department of Health requirements.
3. **QUALIFICATIONS.** Physician shall be a physician licensed to practice medicine in Washington with knowledge and experience in the administration and management of emergency medical care in the pre-hospital, emergency medical systems environment, and trauma program with preferred BC/BE in emergency medicine. Physician shall meet all criteria of RCW 18.71.205(4) to accomplish the professional objectives of the Secretary of the Washington State Department of Health Services as provided in RCW 18.73.081(5). Physician shall maintain all customary narcotics and controlled substances numbers and licenses. Physician shall be familiar with both state and federal laws and regulations governing Snohomish County Emergency Medical Services (EMS) and trauma services and shall be responsible for compliance with these laws and regulations.
4. **COMPENSATION.** The City agrees to compensate Physician \$5800 monthly, in arrears. The monthly rate shall be increased annually beginning every January by the percentage increase (June to June) in the Consumer Price Index for All Urban Consumers (CPI-U) in the Seattle-Everett Area or successor index, up to a maximum of 3.5% This means, for example,

that the percentage increase to be applied to \$5800 for calendar year 2026 compensation will be the percentage index increase for CPI-U June 2024 to June 2025, up to a maximum of 3.5%.

Work in addition to, or different from, the Services set forth herein shall only be allowed by prior authorization, in writing, by the City and shall be subject to the terms and conditions of this Agreement and billed at an hourly rate as agreed in writing by the Fire Chief or designee and Physician.

5. **INSURANCE.** During the term of this Agreement and any renewals thereto, Physician shall maintain malpractice insurance to sufficiently cover the duties herein and provide proof of such to the City. This medical malpractice insurance coverage shall be for all the actions taken while in the service of the City; provided, however, that if Physician changes insurance carriers it shall provide a tail insurance coverage for at least three (3) years following the termination date of this Agreement.

6. **COOPERATION.** Physician shall cooperate with the Snohomish County Medical Program Director (the "MPD") in the administration of this Agreement.

7. **INDEMNIFICATION.** Physician agrees to indemnify and hold the City harmless from all liability based upon negligent acts or omissions of Physician or violations of law in the performance of this Agreement or breach of any term of this Agreement. The parties acknowledge that RCW 18.71.215 may provide indemnification by the Department of Health for approved medical program directors, delegates or agents for any acts or omissions committed in good faith in the performance of Physician's duties.

8. **TERMINATION**

- 8.1. Either Party may terminate this Agreement with or without cause, upon forty-five (45) days' written notice to the other party.
- 8.2. The City may terminate this Agreement upon thirty (30) days' prior written notice to Physician if (i) Physician fails or refuses to comply with any material term of this Agreement or (ii) Physician abandons its obligations under this Agreement for more than ten (10) days without the City's prior written approval.
- 8.3. This Agreement shall terminate immediately if (i) the Medical Program Director fails to delegate or rescinds delegation of any duties identified in WAC 246-976-920; (ii) Physician's license to practice medicine in Washington State is revoked, suspended, restricted, or expires; or (iii) Physician is convicted of any offense punishable as a felony or engages in unprofessional conduct, as defined in RCW 18.130.180.
- 8.4. Physician may terminate this Agreement immediately upon written notice to the City if (i) the City fails substantially to perform any material term of this Agreement and (ii) that failure continues for a period of thirty (30) days after Physician has given the City written notice of that failure.

- 8.5. In the event of termination, Physician shall be compensated for satisfactory work performed to the termination date. Any work product generated by Physician prior to such termination shall be the sole property of the City, and Physician agrees to provide the City with all such materials at no cost to the City.

9. **RELATIONSHIP OF PARTIES.** The Parties intend that an independent contractor relationship shall be created between them. Physician is responsible for the means and methods it uses to perform the Services. Nothing herein shall be construed to create the relationship of employer and employee between the Parties. THE CITY shall be neither liable for nor obligated to pay sick leave, vacation pay, or any other benefit of employment, nor to pay any social security or other tax that may arise as an incident of employment.

10. **NOTICES.** Notices to the Parties shall be sent to the following address:

The City: Everett Fire Department
ATTN: Fire Chief
2801 Oakes Avenue
Everett, WA 98201

Physician: Dr. Ronald Brown
12412 101st PL NE
Lake Stevens, WA 98258

The Parties agree that the addresses of all parties to which notice shall be given may be changed at any time by written notice to the other Party.

11. **PERSONAL NATURE OF SERVICES.** Except as otherwise provided herein, Physician shall perform the Services personally and shall not delegate, assign, or subcontract any portion of the Services without the prior written consent of the City. The City recognizes that Physician shall work with other physicians for provision of some of the Services set forth herein; and the City reserves the right to approve of such physicians.

12. **WORK PRODUCT.** Physician may be required to prepare such Information and studies as may be pertinent and necessary, or as may be requested by the City, in order that the City may review the work. This item does not constitute additional work as described in this Agreement. All documents, maps, analysis, and data of whatever kind prepared by Physician pursuant to this Agreement shall be deemed property of the City upon completion or termination of this Agreement. Physician may keep file copies of his work product but shall retain no other rights of ownership therein.

13. **BUSINESS LICENSE.** Physician agrees to obtain a City of Everett business license prior to performing any work pursuant to this Agreement.

14. **GOVERNING LAW.** This Agreement is governed by the laws of the State of Washington and shall be construed and interpreted in accordance with Washington law, regardless of the law that might otherwise apply under common law principles of conflicts of law. The Parties consent to personal jurisdiction in the State of Washington for any dispute or claim related to this Agreement or the subject matter of this Agreement. The venue for any dispute or claim related to this Agreement or the subject matter of this Agreement is a court in Snohomish County, Washington. The parties expressly waive their right to a jury.

15. **WAIVER.** No failure by any of the foregoing parties to insist upon the strict performance of any covenant, duty, agreement, or condition of this Agreement or to exercise any right or remedy consequent upon a breach thereof shall constitute a waiver of any such breach or any other covenant, agreement, term, or condition. Any party hereto, by notice, and only by notice as provided herein may, but shall be under no obligation to, waive any of its rights or any conditions to its obligations hereunder, or any duty, obligation, or covenant of any other party hereto. No waiver shall affect or alter this Agreement, and each and every covenant, agreement, term and condition of this Agreement shall continue in full force and effect with respect to any other then-existing or subsequent breach thereof.

16. **PRIVACY PROTECTION.** Physician shall appropriately safeguard Protected Health Information ("PHI") that is created, received, maintained, or transmitted on behalf of THE CITY and the Providers in compliance with the applicable provisions of Public Law 104-191 of August 21, 1996, known as the Health Insurance Portability and Accountability Act of 1996, Subtitle F - Administrative Simplification, Sections 261, et seq., as amended ("HIPAA"), and with Public Law 111-5 of February 17, 2009, known as the American Recovery and Reinvestment Act of 2009, Title XII, Subtitle D - Privacy, Sections 13400, et seq., the Health Information Technology and Clinical Health Act, as amended (the "HITECH Act"), and as provided in **Exhibit B**.


17. **NEUTRAL AUTHORSHIP.** Each of the provisions of this Agreement has been reviewed and negotiated and represents the combined work product of all parties hereto. No presumption or other rules of construction which would interpret the provisions of this Agreement, in favor of or against the Party preparing the same, shall be applicable in connection with the construction or interpretation of any of the provisions of this Agreement.

18. **ENTIRE AGREEMENT.** This Agreement constitutes the entire agreement between the Parties hereto with respect to the subject matter contained in this Agreement, and this Agreement supersedes all of their previous understandings and agreements, written and oral, with respect thereto. This Agreement may be amended only by written instrument executed by the Parties subsequent to the date hereof.

19. **COUNTERPARTS.** This Agreement may be executed in any number of counterparts, and each such counterpart hereof shall be deemed to be an original instrument, but all such counterparts together shall constitute but one agreement. Electronic signatures (such as with AdobeSign) are fully binding.

IN WITNESS WHEREOF, the City and Physician have executed this Agreement, effective the date of the last authorized signature below.

PHYSICIAN:

Signature:  _____


Name of Signer: Dr. Ronald Brown 04/10/2025

CITY OF EVERETT:

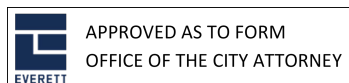
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Cassie Franklin, Mayor 04/10/2025

Attest:

 _____

Office of the City Clerk



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Delegation of Authority

I, Dr. C. Ryan Keay, am the Medical Program Director for Snohomish County and hereby appoint and delegate to Dr. Ronald Brown those duties identified in WAC 246-976-920(3)(a), 4(a) (c), and (d), 5(a), (e), and (f), 6(a) –(c) and (e), 7(a) – (d) and (f), and 8 (b) – (c) as it relates to emergency medical services provided by the Everett Fire Department.

MEDICAL PROGRAM DIRECTOR

Catharine Ryan Keay, MD

By: Dr. C. Ryan Keay

Date: 04/10/2025

EXHIBIT A

SCOPE OF SERVICES

Duties that accord with WAC 246-976-920(3)(a), 4(a) (c), and (d), 5(a), (e), and (f), 6(a) –(c) and (e), 7(a) – (d) and (f), that are delegated or otherwise assigned by the Snohomish County Medical Program Director to the Physician (“Services”), including the following:

1. Provide medical control and direction of EMS certified personnel in their medical duties. This is done by oral or written communication;
2. Establish policies as directed by the department to include a policy for storing, dispensing, and administering controlled substances. Policies must be in accordance with state and federal regulations and guidelines;
3. Participate with Snohomish County and North Region EMS/TC councils to develop and revise (i) regional patient care procedures; (ii) Snohomish County operating procedures, when applicable; and (iii) recommendations for improvements in medical control communications and EMS system coordination;
4. Work within the parameters of the approved regional patient care procedures and the regional plan;
5. Provide oversight of instructors and supervise training of all EMS providers;
6. Develop or approve an intensive airway management program and approve providers to take the program if live intubations cannot be obtained;
7. Approve providers to perform IV and IO starts on artificial training aids;
8. Develop an evaluation form for a procedure or skill if one is not provided by the department;
9. Develop an integration process to evaluate and determine competency of an applicant's knowledge and skills in accordance with department policies;
10. Recommend denial of certification to the Secretary for any applicant whom the Medical Program Director (“MPD”) can document is unable to function as an EMS provider, regardless of successful completion of training, evaluation, or examinations;
11. Approve a certified advanced emergency medical technician or a paramedic to function at a lower level of certification;
12. Adopt an MPD quality improvement plan that describes how quality improvement activities are conducted by the MPD. The plan must meet the minimum standards of the department;

13. Access patient care records and reports in the statewide electronic EMS data system for EMS services under their oversight;
14. Audit the medical care performance of EMS providers in accordance with the MPD quality improvement plan;
15. Perform counseling and assign remediation regarding the clinical practice of EMS providers;
16. Participate in regional quality improvement activities;
17. Approve equipment and medications used to provide medical care by EMS personnel;
18. Make recommendations for corrections for EMS services that are out of compliance with the regional plan to the department in accordance with WAC 246-976-400; and
19. Assist the Medical Program Director in:
 - a. Develop and adopt written prehospital patient care protocols for specialized training and to direct EMS certified personnel in patient care;
 - b. Participate with Snohomish County and North Region EMS/TC councils to develop and revise regional EMS and trauma care plans;
 - c. Recommend to the department approval of individuals applying for recognition as senior EMS instructors candidates, senior EMS instructors, EMS evaluators, and locally approve all guest instructors for any EMS education and training;
 - d. Recommend to the department approval of training programs, courses, ongoing education and training plans ("OTEP"), and content for continuing medical education ("CME") and ongoing training;
 - e. Recommend to the secretary certification, recertification, reciprocity, challenge, reinstatement, reissuance of expired certification or denial of certification of EMS personnel and sign applications; provided, however, all such recommendations shall be made known in writing to the Fire Chief and/or EMS Administrator of the agency whose employee or volunteer is subject to the action prior to the action being sent to the Department of Health;
 - f. Recommend certified providers to be approved or denied endorsements for specialized skills;
 - g. Recommend to the secretary disciplinary action to be taken against EMS personnel, which may include modification, suspension, or revocation of certification; and

- h. Review and make a recommendation to the department for applications for services applying for recognition as an emergency services supervisory organization (“ESSO”).
- 20. Provide skill maintenance and field performance of EMS certified personnel; and
- 21. Participate in the Medical Control Committee (“MCC”) and meet with all approved Emergency Medical Program Supervising Physicians and Fire Department/EMS Agency MSA(s) and MSO(s) not less than four times per year.

EXHIBIT B

BUSINESS ASSOCIATE AGREEMENT (“BAA”)

1. DEFINITIONS

(a) “*Breach*” shall mean, as defined in 45 C.F.R. § 164.402, the acquisition, access, use or disclosure of Unsecured Protected Health Information in a manner not permitted by the HIPAA Requirements that compromises the security or privacy of that Protected Health Information.

(b) “*Security Incident*” shall mean, as defined in 45 C.F.R. § 164.304, the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.

(c) All other capitalized terms used in this BAA shall have the meanings set forth in the applicable definitions under the HIPAA Requirements.

2. GENERAL TERMS

(a) In the event of an inconsistency between the provisions of this BAA and a term in HIPAA (as these terms may be expressly amended from time to time by the HHS or as a result of interpretations by HHS, a court, or another regulatory agency with authority over the parties), the interpretation of HHS, such court or regulatory agency shall prevail.

(b) Where provisions of this BAA are different from those mandated by the HIPAA Requirements, but are nonetheless permitted by the HIPAA Requirements, the provisions of this BAA shall control.

(c) Except as expressly provided in the HIPAA Requirements or this BAA, this BAA does not create any rights in third parties.

3. SPECIFIC REQUIREMENTS

(a) **Subcontractors.** Business Associate agrees that as required by the HIPAA Requirements, Business Associate shall enter into a written agreement with all Business Associate Subcontractors that: (i) requires them to comply with the Privacy and Security Rule provisions of this BAA in the same manner as required of Business Associate, and (ii) notifies such Business Associate Subcontractors that they shall incur liability under the HIPAA Requirements for non-compliance with such provisions. Accordingly, Business Associate shall ensure that all Business Associate Subcontractors agree in writing to the same privacy and security restrictions, conditions and requirements that apply to Business Associate with respect to Protected Health Information.

(b) **Privacy of Protected Health Information (“PHI”).**

(i) ***Permitted Uses and Disclosures of PHI.*** Business Associate agrees to create, receive, use, disclose, maintain, or transmit PHI only in a manner that is consistent with this BAA or the HIPAA Requirements and only in connection with providing the services to Covered Entity identified in the Agreement. Accordingly, in providing services to or for the Covered Entity, Business Associate, for example, shall be permitted to use and disclose PHI for “Treatment, Payment, and Health Care Operations,” as those terms are defined in the HIPAA Requirements. Business Associate further agrees that to the extent it is carrying out one or more of the Covered Entity’s obligations under the Privacy Rule (Subpart E of 45 C.F.R. Part 164), it shall comply with the requirements of the Privacy Rule that apply to the Covered Entity in the performance of such obligations.

(ii) ***Reporting Obligations.*** Business Associate shall report to Covered Entity any use or disclosure of PHI that is not provided for in this BAA, including reporting Breaches of Unsecured Protected Health Information as required by 45 C.F.R. § 164.410 and required by this Business Associate Agreement.

(iii) ***Minimum Necessary Standard and Creation of Limited Data Set.*** Business Associate’s use, disclosure, or request of PHI shall utilize a Limited Data Set if practicable. Otherwise, in performing the functions and activities as specified in the Agreement and this BAA, Business Associate agrees to use, disclose, or request only the minimum necessary PHI to accomplish the intended purpose of the use, disclosure, or request.

(iv) ***Access.*** In accordance with 45 C.F.R. § 164.524 of the HIPAA Requirements, Business Associate shall make available to the Covered Entity (or as directed by the Covered Entity, to those individuals who are the subject of the PHI (or their designees)), their PHI in the Designated Record Set. Business Associate shall make such information available in an electronic format where directed by the Covered Entity.

(v) ***Disclosure Accounting.*** Business Associate shall make available the information necessary to provide an accounting of disclosures of PHI as provided for in 45 C.F.R. § 164.528 of the HIPAA Requirements by making such information available to the Covered Entity or (at the direction of the Covered Entity) making such information available directly to the individual.

(vi) ***Amendment.*** Business Associate shall make PHI in a Designated Record Set available for amendment and, as directed by the Covered Entity, incorporate any amendment to PHI in accordance with 45 C.F.R. § 164.526 of the HIPAA Requirements.

(vii) ***Right to Request Restrictions on the Disclosure of PHI and Confidential Communications.*** If an individual submits a Request for Restriction or Request for Confidential Communications to the Business Associate, Business Associate and Covered Entity agree that Business Associate, on behalf of Covered Entity, shall evaluate and respond to these requests according to Business Associate's own procedures for such requests.

(viii) ***Return or Destruction of PHI.*** Upon the termination or expiration of the Agreement or this BAA, Business Associate agrees to return the PHI to Covered Entity, destroy the PHI (and retain no copies), or if Business Associate determines that return or destruction of the PHI is not feasible, (a) continue to extend the protections of this BAA and of the HIPAA Requirements to the PHI, and (b) limit any further uses and disclosures of the PHI to the purpose making return or destruction infeasible.

(ix) ***Availability of Books and Records.*** Business Associate shall make available to HHS or its agents the Business Associate's internal practices, books, and records relating to the use and disclosure of PHI in connection with this BAA.

(x) ***Termination for Breach.***

a. Business Associate agrees that Covered Entity shall have the right to terminate this BAA or seek other remedies if Business Associate violates a material term of this Agreement.

b. Covered Entity agrees that Business Associate shall have the right to terminate this BAA or seek other remedies if Covered Entity violates a material term of this BAA.

(c) **Security Incident and Breach Reporting.**

(i) Business Associate shall Report to Covered Entity any unauthorized access, use, disclosure, modification, or destruction of PHI (including Electronic PHI) not permitted by this BAA, applicable law, or permitted by Covered Entity in writing ("Successful Security Incidents" or "Breaches") of which Business Associate becomes aware. Business Associate shall report such Successful Security Incidents or Breaches to Covered Entity as specified in this Agreement.

(ii) For Security Incidents that do not result in unauthorized access, use, disclosure, modification, or destruction of PHI (including, for purposes of example and not for purposes of limitation, pings on Business Associate's firewall, port scans, attempts to log onto a system or enter a database with an invalid password or username, denial-of-service attacks that do not result in the system being taken off-line, or malware such as worms or viruses) (hereinafter "Unsuccessful Security

Incidents”), aggregate the data and, upon the Covered Entity’s written request, report to the Covered Entity in accordance with the reporting requirements identified in this Agreement.

(iii) Business Associate shall take all commercially reasonable steps to mitigate, to the extent practicable, any harmful effect that is known to Business Associate resulting from any unauthorized access, use, disclosure, modification, or destruction of PHI.

(iv) Business Associate shall Permit termination of this BAA if the Covered Entity determines that Business Associate has violated a material term of this BAA with respect to Business Associate’s security obligations and Business Associate is unable to cure the violation.

(v) Upon Covered Entity’s request, Business Associate shall provide Covered Entity with access to and copies of documentation regarding Business Associate’s safeguards for PHI and Electronic PHI.

(vi) **Notice Timeline.** Business Associate shall notify Covered Entity as soon as practicable, but in no event later than five (5) business days after discovery, any unauthorized access, use, disclosure, modification, or destruction of PHI (including any Successful Security Incident) that is not permitted by this BAA, by applicable law, or permitted in writing by Covered Entity, whether such non-compliance is by (or at) Business Associate or by (or at) a Business Associate Subcontractor.

(vii) **Notice of Breach.** Business Associate shall notify Covered Entity following discovery and without unreasonable delay but in no event later than five (5) business days following discovery, any Breach of Unsecured Protected Health Information, whether such Breach is by Business Associate or by Business Associate Subcontractor.

a. As provided for in 45 C.F.R. § 164.402, Business Associate recognizes and agrees that any acquisition, access, use or disclosure of PHI in a manner not permitted under the HIPAA Privacy Rule (Subpart E of 45 C.F.R. Part 164) is presumed to be a Breach. As such, Business Associate shall (i) notify Covered Entity of any non-permitted acquisition, access, use or disclosure of PHI, and (ii) assist Covered Entity in performing (or at Covered Entity’s direction, perform) a risk assessment to determine if there is a low probability that the PHI has been compromised.

b. Business Associate shall cooperate with Covered Entity in meeting the Covered Entity’s obligations under the HIPAA Requirements and any other security breach notification laws. Business Associate shall follow its

notification to the Covered Entity with a report that meets the requirements outlined immediately below.

(viii) ***Reporting Obligations – Details.***

a. For Successful Security Incidents and Breaches, Business Associate – without unreasonable delay and in no event later than thirty (30) calendar days after Business Associate learns of such nonpermitted use or disclosure (whether at Business Associate or at Business Associate Subcontractor) – shall provide Covered Entity a report that shall:

- i. Identify (if known) each individual whose Unsecured Protected Health Information has been, or is reasonably believed by Business Associate to have been accessed, acquired, or disclosed;
- ii. Identify the nature of the non-permitted access, use, or disclosure including the date of the incident and the date of discovery;
- iii. Identify the PHI accessed, used, or disclosed (*e.g.*, name; social security number; date of birth);
- iv. Identify what corrective action Business Associate (or Business Associate Subcontractor) took or shall take to prevent further non-permitted accesses, uses, or disclosures;
- v. Identify what Business Associate (or Business Associate Subcontractor) did or shall do to mitigate any deleterious effect of the non-permitted access, use, or disclosure; and
- vi. Provide such other information, including a written report, as the Covered Entity may reasonably request.

b. For Unsuccessful Security Incidents, Business Associate shall provide Covered Entity, upon its written request, a report that: (i) identifies the categories of Unsuccessful Security Incidents as described in this BAA; (ii) indicates whether Business Associate believes its (or its Business Associate Subcontractor's) current defensive security measures are adequate to address all Unsuccessful Security Incidents, given the scope and nature of such attempts; and (iii) if the security measures are not adequate, the measures Business Associate (or Business Associate Subcontractor) shall implement to address the security inadequacies.

4. TERMINATION

(a) Covered Entity and Business Associate each shall have the right to terminate this BAA if the other party has engaged in an activity or practice that constitutes a material breach or violation of Business Associate's or the Covered Entity's respective obligations regarding PHI under this BAA and, on notice of such material breach or violation from the Covered Entity or Business Associate, fails to take reasonable steps to cure the material breach or end the violation.

(b) If Business Associate or the Covered Entity fail to cure the material breach or end the violation after the other party's notice, the Covered Entity or Business Associate (as applicable) may terminate this BAA by providing Business Associate or the Covered Entity written notice of termination, stating the uncured material breach or violation that provides the basis for the termination and specifying the effective date of the termination.

5. CONTINUING PRIVACY AND SECURITY OBLIGATIONS

(a) Business Associate's and the Covered Entity's obligation to protect the privacy and security of the PHI it created, received, maintained, or transmitted in connection with services to be provided under the Agreement and this BAA shall be continuous and survive termination, cancellation, expiration, or other conclusion of this BAA or the Agreement. Business Associate's other obligations and rights, and the Covered Entity's obligations and rights upon termination, cancellation, expiration, or other conclusion of this BAA, are those set forth in this BAA and/or the Agreement.












Delegate Physcian Agreement_3.24.2025_SD

Final Audit Report

2025-04-10


Created:	2025-04-10
By:	Ashleigh Scott (AScott@everettwa.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAADJ1JaeXQPxo1SWFUziuI_cHle6pkm9zf

"Delegate Physcian Agreement_3.24.2025_SD" History


-  Document created by Ashleigh Scott (AScott@everettwa.gov)
2025-04-10 - 4:40:25 PM GMT
-  Document emailed to Dave DeMarco (ddemarco@everettwa.gov) for approval
2025-04-10 - 4:41:42 PM GMT
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-  Document emailed to ron.brown@snocountyems.org for signature
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-  Signer ron.brown@snocountyems.org entered name at signing as Ronald Brown, MD
2025-04-10 - 6:40:41 PM GMT
-  Document e-signed by Ronald Brown, MD (ron.brown@snocountyems.org)
Signature Date: 2025-04-10 - 6:40:43 PM GMT - Time Source: server
-  Document emailed to Ryan Keay (ryan.keay@snocountyems.org) for signature
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-  Signer Ryan Keay (ryan.keay@snocountyems.org) entered name at signing as Catharine Ryan Keay, MD
2025-04-10 - 7:39:02 PM GMT

 Document e-signed by Catharine Ryan Keay, MD (ryan.keay@snocountyems.org)


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 Document e-signed by Ashleigh Scott (AScott@everettwa.gov)

Signature Date: 2025-04-10 - 8:05:23 PM GMT - Time Source: server

 Agreement completed.

2025-04-10 - 8:05:23 PM GMT