

AMENDMENT TO THE AGREEMENT WITH  
LISA NELSON, M.D.

THIS AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and Lisa Nelson, M.D. (hereinafter called "Contractor"),

W I T N E S S E T H:

WHEREAS, on July 3, 2002, the parties hereto entered into an agreement (hereinafter referred to as the "Original Agreement") for the furnishing of certain services by Contractor to County as set forth in that Original Agreement; and

WHEREAS, it is now the mutual desire and intent of the parties hereto to amend and clarify that Original Agreement;

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original Agreement is amended as follows:

1. Paragraph 3, Payments, of the Original Agreement is hereby amended to read as follows:

“3. Payments. In consideration of the services rendered in accordance with all terms, conditions and specifications set forth herein in Exhibit A, county shall make payments to Contractor in the manner specified herein and in Exhibit A. In the event that County makes any advance payments, Contractor agrees to refund any amounts in excess of the amount owed by County at the time of contract termination. County reserves the right to withhold payment if County determines that the quantity or quality of the work performed is unacceptable. In no event shall total payment for services under this Agreement exceed ONE HUNDRED FIVE THOUSAND FIVE HUNDRED EIGHTY-ONE DOLLARS (\$105,581).”

2. Exhibit A, Section II, 1., Amount and Method of Payment, of the Original Agreement is hereby amended to read as follows:

“1. County shall pay Contractor at a rate of ONE HUNDRED ONE

DOLLARS AND FIFTY-TWO CENTS (\$101.52) per hour for an average of twenty (20) hours per week for fifty-two (52) weeks, not to exceed ONE HUNDRED FIVE THOUSAND FIVE HUNDRED EIGHTY-ONE DOLLARS (\$105,581).”

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES that:

1. These amendments are hereby incorporated and made a part of the Original Agreement and subject to all provisions therein.
2. All provisions of the Original Agreement, including all references to audit and fiscal management requirements unless otherwise amended hereinabove, shall be binding on all the parties hereto.
3. All provisions of the Original Agreement, including all monitoring and evaluation requirements, shall be applicable to all amendments herein.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES that the Agreement with Lisa Nelson, M.D., be amended accordingly.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hand on the day and year first above written.

COUNTY OF SAN MATEO

LISA NELSON, M.D.

By: \_\_\_\_\_  
Jerry Hill, President  
Board of Supervisors, San Mateo County

By: *Lisa J. Nelson MD*

Date: \_\_\_\_\_

Date: 9-07-02

ATTEST:

By: \_\_\_\_\_  
Clerk of Said Board

Date: \_\_\_\_\_

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

I Vendor Identification

Name of Contractor: Lisa J. Nelson, M.D.  
Contact Person: same  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

II Employees

Does the Contractor have any employees? \_\_\_ Yes  No

Does the Contractor provide benefits to spouses of employees? \_\_\_ Yes  No

\*If the answer to one or both of the above is no, please skip to Section IV.\*


III Equal Benefits Compliance (Check one)

- Yes, the Contractor complies by offering equal benefits, as defined by Chapter 2.93, to its employees with spouses and its employees with domestic partners.
- Yes, the Contractor complies by offering a cash equivalent payment to eligible employees in lieu of equal benefits.
- No, the Contractor does not comply.
- The Contractor is under a collective bargaining agreement which began on July 1, 2002 and expires on June 30, 2003.

IV Declaration

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Executed this 5 day of JUNE, 2002 at PALO ALTO, CA  
(City) (State)

  
Signature

LISA J. NELSON  
Name (Please Print)

CHILD AND ADOLESCENT PSYCHIATRIST 61000-99-C084  
Title Contractor Tax Identification Number

COUNTY OF SAN MATEO

MEMORANDUM

DATE: February 28, 2002

TO: Priscilla Morse, Risk Management/Insurance Division  
FROM: Mary Vozikes, Mental Health/FAX x2841/PONY #MLH 322  
SUBJECT: Contract Insurance Approval

CONTRACTOR NAME: Lisa J. Nelson, M.D.

DOES THE CONTRACTOR TRAVEL AS PART OF CONTRACT SERVICES: No

NUMBER OF EMPLOYEES WORKING FOR THE CONTRACTOR: N/A

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY: See attached

<u>COVERAGE:</u>	<u>Amount</u>	<u>Approve</u>	<u>Waive</u>	<u>Modify</u>
Comprehensive General Liability:	\$ <u>N/A</u>	<u><i>gpc</i></u>	<u><input checked="" type="checkbox"/></u>	<u>      </u>
Motor Vehicle Liability:	\$ <u>N/A</u>	<u>      </u>	<u><input checked="" type="checkbox"/></u>	<u>      </u>
Professional Liability:	<u>\$1,000,000</u>	<u><input checked="" type="checkbox"/></u>	<u>      </u>	<u>      </u>
Worker's Compensation:	\$ <u>N/A</u>	<u>      </u>	<u><input checked="" type="checkbox"/></u>	<u>      </u>

REMARKS/COMMENTS:

*Priscilla Morse*  
SIGNATURE

# Medical Insurance Exchange of California

6250 CLAREMONT AVENUE OAKLAND, CALIFORNIA 94618-1324 TELEPHONE (510) 423-9411 FROM OUTSIDE CALIFORNIA (800) 227-4527

## CERTIFICATE OF INSURANCE

As requested, we are pleased to certify that Professional Liability Insurance on a "claims made" basis is in effect for the insured named herein, subject to the provision of the policy designated.

**LISA J. NELSON, M.D.**

POLICYHOLDER:

POLICY NUMBER: **DR11-00682I**

ORIGINAL EFFECTIVE DATE: **SEPTEMBER 01, 1998**

RETROACTIVE DATE: **SEPTEMBER 01, 1998**

POLICY EFFECTIVE DATE: **FEBRUARY 01, 2003**

POLICY EXPIRATION DATE: **FEBRUARY 01, 2004**

SPECIALITY: **PSYCHIATRY**

SUB-SPECIALITY: **PSYCHIATRY, CHILD**

LIMITS OF LIABILITY: **OF AT LEAST**

EACH CLAIM

**\$1,000,000**

Any one claim or suit or maximum for the results of one injury.

ANNUAL AGGREGATE

**\$3,000,000**

Aggregate annual maximum for the results of all claims.

1. This Certificate is not an insurance policy and does not amend or alter the coverage afforded by the policy listed on the Certificate
2. Notwithstanding any requirement, term or condition of any contract or other document with respect to which the Certificate is issued, the insurance afforded by the policy listed on the Certificate is subject to all terms of such policy.

**PLEASE BE ADVISED THAT A NOTIFICATION OF CANCELLATION WILL BE PROVIDED IF FOR ANY REASON THE ABOVE NOTED POLICYHOLDER'S PROFESSIONAL LIABILITY INSURANCE SHOULD BE CANCELLED.**

Countersigned:

Medical Underwriters of California  
Attorney-in-Fact

This certificate issued to:

by



POLICYHOLDER

Date

**FEBRUARY 27, 2002**