

STATE OF TEXAS §
 § **PROFESSIONAL SERVICES AGREEMENT**

COUNTY OF DALLAS §

This Amendment (“**AMENDMENT**”) is made to the Professional Services Agreement (“**AGREEMENT**”) entered into by and between the City of Sachse, Texas (“**CITY**”) and The City of Garland, Texas (“**Garland**”) acting by and through their authorized representatives.

RECITALS:

WHEREAS, the **CITY of Sachse** and the City of **Garland** entered into a Professional Services Agreement on or about the 1st day of October 2019, for the purposes of **Garland** providing Public Health Services (**PHS**) for Sachse citizens; and

WHEREAS, the **AGREEMENT** provides for the City of Garland Health Department to provide Immunizations, Well Child Health Care and Communicable Disease Investigation Services for Sachse. The fee for these services is \$1,200.00 payable to the City of Garland by quarterly payments per year. Additionally the City of Sachse agrees to appoint Dr. Timothy Lambert M.D., as Sachse’s Health Authority until contract termination or expiration. Sachse residents are responsible for co-pays attached in “Exhibit A” upon delivery of services. The services shall be provided at locations deemed by the City of Garland.

WHEREAS, the **AGREEMENT** is scheduled to terminate on September 30, 2021 unless renewed by both parties.

NOW, THEREFORE, the Parties hereby agree as follows: Nothing in this agreement shall be construed to restrict the authority of the **CITY** over its health or environmental programs or limit the operations or services of these programs.

ASSURANCES

The City of Garland shall operate and supervise the program.

ACCESS TO RECORDS

The City of Garland agrees that upon request that books and records pertaining to Sachse citizens’ services will be available. Both parties agree to all applicable confidentiality provisions as mandated by federal and state law.

TERMINATION

- A. Without Cause: This Agreement may be terminated in writing, without cause, by either party upon (30) calendar days prior written notice to the other party.

B. With Cause: Either party may terminate the Agreement immediately, in whole or part, at its sole discretion, by written notice to the other party for the following reasons:

1. Lack of or reduction in funding or payment;
2. Non-performance of services;

EXECUTED this 20th day of August, 2019

CITY OF SACHSE, TEXAS

By: Gina Nash
Gina Nash, City Manager

ATTEST:

By: Michelle Lewis Sirianni
Michelle Lewis Sirianni, City Secretary

APPROVED AS TO FORM:

By: [Signature]
City Attorney

EXECUTED this 30 day of AUGUST, 2019

CITY OF GARLAND, TEXAS

By: [Signature]
Bryan Bradford, City Manager

ATTEST:

By: [Signature]
Rene Dowl, City Secretary

APPROVED AS TO FORM:

By: [Signature]
Brad Neighbor, City Attorney

B. With Cause: Either party may terminate the Agreement immediately, in whole or part, at its sole discretion, by written notice to the other party for the following reasons:

1. Lack of or reduction in funding or payment;
2. Non-performance of services;

EXECUTED this _____ day of _____, 2019

CITY OF SACHSE, TEXAS

By: _____
Gina Nash, City Manager

ATTEST:

By: Michelle Lewis Sirianni
Michelle Lewis Sirianni, City Secretary

APPROVED AS TO FORM:

By: _____
City Attorney

EXECUTED this 30 day of AUGUST, 2019

CITY OF GARLAND, TEXAS

By: Bryan Bradford
Bryan Bradford, City Manager

ATTEST:

By: Rene Dowd
Rene Dowd, City Secretary

APPROVED AS TO FORM:

By: Brad Neighbor
Brad Neighbor, City Attorney

Exhibit 'A'



GARLAND

PUBLIC HEALTH

FEE SCHEDULE

<u>CHILDREN</u>	VFC-eligible children (One vaccine dose)	\$14.00/per child
	VFC-eligible children (Two vaccine doses)	\$25.00/per child
	VFC-eligible children (Multiple doses)	\$30.00/per child
<u>ADULTS</u>	*ASN-eligible Adults	\$25.00
	TB Tests	\$35.00
	• *Tdap	\$70.00
	• *Hepatitis A	\$85.00/per dose
	• (2 doses 6 months apart)	
	• *Hepatitis B	\$75.00/per dose
	• (Series of 3)	
	• Hepatitis B	\$150.00/per dose
	• (Series of 2)	
	• *Twinrix	\$150.00/per dose
	• HepA/HepB combination series of 3	
	• *Chickenpox	\$150.00
	• HIB	\$50.00/per dose
	• Rotavirus	\$100.00/per dose
	• *Human Papillomavirus (HPV)	\$240.00/per dose
	• *Meningitis Vaccine	\$150.00
	• *Meningitis Group B	\$180.00/per dose
	• Dtap Polio Hep B (Pediatrix)	\$100.00
	• *MMR	\$100.00
	• *PCV13 (Prevnar)	\$225.00
	• *Shingrix (series of 2)	\$170.00
	• *Pneumococcal (PPSV23)	\$120.00
	• Polio	\$60.00
	• Rabies Vaccine	\$325.00/per dose
	• Typhoid	\$125.00
	• Typhoid (Oral)	\$100.00
	• Yellow Fever	\$165.00
	• Cholera	\$275.00
	• ProQuad (MMRV)	\$230.00
<u>FLU VACCINE:</u>	Flu Vaccine - Quadrivalent	\$35.00
	Flu Vaccine - High Dose	\$70.00

- Medicaid accepted for Immunizations (under 18yrs) with Medicaid ID (no fee)
- GPH does not deny immunization services to clients that qualify for VFC/ASN based on the inability to pay.
- Prices subject to change without notice.

PEDIACTRIC

HIB	\$50.00	90648
HIB, Hep B comb	\$35.00	
DTaP	\$45.00	Infanrix 90700
DTaP, Polio	\$80.00	Kinrix 90696
DTaP, Polio, HIB	\$100.00	Pentacel
DTaP, Hep A&B, Polio	\$100.00	Pediarix
Hep A Pediatric	\$50.00	90633
Hep B Pediatric	\$45.00	90744
Rotavirus	\$100.00	

TITER FEE SCHEDULE

MMR (IGG) PANEL	\$150	
TB - Quantiferon	\$80	
MEASLES AB IGG, EIA	\$50	
MUMPS VIRUS IGG, EIA	\$50	
HEP B SURFACE AB QN	\$50	HEP B SURFACE ANTIGEN \$25
VZN (VARICELLA) IGG	\$55	
RABIES		
\$125		

• Prices subject to change without notice.



THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I Cyrus Timothy Lambert MD do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

Cyrus Timothy Lambert MD
Affiant's Signature

Cyrus Timothy Lambert MD
Printed Name

Health Authority
Position to Which Elected/Appointed

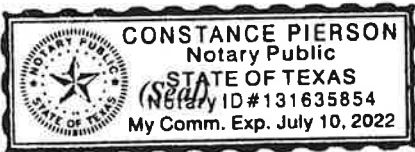
City of Sachse
City and/or County

SWORN TO and subscribed before me by affiant on this 05 day of September 2019.

CPerson
Signature of Person Authorized to Administer Oaths/Affidavits

Constance Pierson
Printed Name

Notary Public for the State of Texas
Title





Certificate of Appointment

for a

Health Authority

The Health Authority has been appointed and approved by the:

(Check the appropriate designation below)

Commissioners Court for _____ County
 Governing Body for the Municipality of SACHSE / GARLAND

Director, _____ Health Department

Director, _____ Public Health District

I, GINA NASH, acting in my capacity as:
(Check the appropriate designation below)

County Judge or Designee
 Mayor or Designee
 Non-physician and the Local Health Department Director
 Non-physician and the Public Health District Director

do hereby certify the physician, CYRUS TIMOTHY LAUBERT, MD who is licensed by the Texas Board of Medical Examiners, was duly appointed as the (check as applicable),

Health Authority
 Health Authority Designee

for the jurisdiction of CITY OF SACHSE, Texas.

Date term of office begins October 1, 2019

Date term of office ends September 30, 2021, unless removed by law.

I certify to the above information on this the 21st day of August, 2019.

Gina Nash

Signature of Appointing Official



OATH OF OFFICE For Health Authorities in the State of Texas

I, Cyrus Timothy Lambert MD, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.

Cyrus Timothy Lambert MD
Affiant

1720 B Commerce St., Garland, TX 75040

Mailing Address ZIP

214-537-5527
(Area Code) Phone Number (day and evening)

tlambert@garlandtx.gov
Email Address

SWORN TO and subscribed before me this 05 day of September, 2019.

CPierson
Signature of Person Administering Oath

Constance Pierson
Printed Name

Notary Public for the State of Texas
Title

