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- 7.5 **Survival.** The respective rights and obligations of Business Associate under Section II of this Business Associate Agreement shall survive the termination of the Services Agreement and this Business Associate Agreement.
- 7.6 **Interpretation.** Any ambiguity in this Business Associate Agreement shall be resolved to permit Covered Entity to comply with the HIPAA Rules.

*[Signature Page for BAA Follows]*

**SIGNATURE PAGE FOR BUSINESS ASSOCIATE AGREEMENT**

The Parties hereto have duly executed this Business Associate Agreement as of the Effective Date as defined here above.

**Business Associate**

**Covered Entity**

**OUTSIDE IN**

**CLACKAMAS COUNTY**

**Anni Zieler** Digitally signed by Anni Zieler  
DN: cn=Anni Zieler, o=Outside In, ou,  
email=anniz@outsidein.org, c=US  
Date: 2022.09.14 10:39:39 -07'00' 9/14/22

\_\_\_\_\_  
Authorized Signature Date

\_\_\_\_\_  
Tootie Smith Date  
BCC Chair, Clackamas County

Anni Zieler, Controller & Interim Finance  
Director

\_\_\_\_\_  
Name / Title (Printed)

## COVER SHEET

- New Agreement/Contract
- Amendment/Change/Extension to \_\_\_\_\_
- Other \_\_\_\_\_

Originating County Department: \_\_\_\_\_

Other party to contract/agreement: \_\_\_\_\_

Description:

After recording please return to: \_\_\_\_\_

County Admin

Procurement

If applicable, complete the following:

Board Agenda Date/Item Number: \_\_\_\_\_