

JOINT POWERS AGREEMENT

This Joint Powers Agreement (“Agreement”) is made between Ramsey County, a political subdivision of the State of Minnesota, through its Ramsey County Mental Health Unit, 402 University Avenue East, Saint Paul, Minnesota 55130 (hereinafter “County”), and the City of Maplewood, a municipal corporation under the laws of the State of Minnesota, through its Public Safety Department, 1830 County Road B East, Maplewood, Minnesota 55109 (hereinafter “City”).

WHEREAS, the Maplewood Public Safety Department (“MPSD”) is the City department primarily responsible for responding to mental health and crisis related calls for service in the City of Maplewood; AND

WHEREAS, the MPSD has formed the Mental Health Outreach Team (“MHOT”) to provide a proactive approach committed to assisting residents with mental health crises while helping individuals and their families navigate the healthcare system; AND

WHEREAS, Ramsey County Mental Health (“MENTAL HEALTH”) provides crisis support, referrals, and education services to individuals and families experiencing mental health crisis; AND

WHEREAS, the MPSD wishes to commence a program (“Program”), wherein a mental health staff from MENTAL HEALTH will be placed into MPSD; AND

WHEREAS, the MENTAL HEALTH worker’s role in the Program will be to provide short-term case management for residents in need of mental health support, as identified by MPSD and MHOT, that stabilizes and connects those residents with specialty services; AND

WHEREAS, the parties will be able to serve citizens in crises most effectively and evaluate the Program’s effectiveness if MPSD and MENTAL HEALTH are able to share certain data;

NOW, THEREFORE, the undersigned governmental units enter into this Joint Powers Agreement (“Agreement”) for the purpose of setting forth the terms and conditions whereby MPSD and MENTAL HEALTH will imbed a mental health worker and exchange data during the course of the Program.

1. CITY RESPONSIBILITIES

- 1.1. Share pertinent information that may support individual and community health and wellness (e.g. intervention outcomes, number of repeat 911 calls);
- 1.2. Allow MENTAL HEALTH research analyst or data collecting equivalent access to necessary records to collect necessary data related to evaluating program effectiveness (e.g. numbers served, demographics, numbers referred to the County for Mental Health Targeted Case Management); and
- 1.3. Make information needed for program evaluation available on a monthly basis.

2. COUNTY RESPONSIBILITIES

- 2.1. Make available a Ramsey County mental health worker to coordinate with MPSD;
- 2.2. Allow MPSD research analyst or data collecting equivalent access to necessary records to collect necessary data related to evaluating program effectiveness (e.g. number of individuals served by co-responder who receive Mental Health Targeted Case Management);
- 2.3. Make information needed for program evaluation available on an agreed upon basis; and
- 2.4. Share pertinent information according to state and federal healthcare laws (e.g. complete Mental Health Information System reporting as required by funding).

3. DATA PRACTICES

- 3.1. All data collected, created, received, maintained or disseminated for any purpose in connection with this Agreement is subject to the provisions of the Minnesota Government Data Practices Act, Minn. Stat. Ch. 13, (“MGDPA”) any other applicable state statutes, and state rules adopted to implement the Act and statutes, as well as federal statutes and regulations on data privacy.
- 3.2. City designates Michael Dugas as its Responsible Designee, pursuant to the section 13.02 Subdivision 6 of the MGDPA, as the individual responsible for any set of data collected to be maintained by the City in the execution of this Agreement.
- 3.3. City shall take all reasonable measures to secure the computers or any other storage devices in which County data is contained or which are used to access County data in the course of providing services under this Agreement. Access to County data shall be limited to those persons with a need to know for the execution and evaluation of the Program. Except where client services or construction are provided, at the end of the Program all County data will be purged from City’s computers and storage devices used for the Program and City shall give the County written verification that the data has been purged upon request. City will extend the protections of this Agreement to the protected information that cannot be purged. City will refrain from further use or disclosure of such information, except for those purposes that make return or destruction infeasible, for as long as City maintains the information.

4. SECURITY

City shall report to County any privacy or security incident regarding the information of which it becomes aware. “Security Incident” means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with System operations in an information system. “Privacy Incident” means violation of the MGDPA and/or the HIPAA Privacy Rule (45 C.F.R. Part 164, Subpart E), including, but not limited to, improper and/or unauthorized use or disclosure of protected information, and incidents in which the confidentiality of the information maintained by it has been breached. This report

must be in writing and sent to the County not more than seven (7) days after learning of such non-permitted use or disclosure. Such a report will at least: (1) Identify the nature of the non-permitted use or disclosure; (2) Identify the data used or disclosed; (3) Identify who made the non-permitted use or disclosure and who received the non-permitted or violating disclosure; (4) Identify what corrective action was taken or will be taken to prevent further non-permitted uses or disclosures; (5) Identify what was done or will be done to mitigate any deleterious effect of the non-permitted use or disclosure; and (6) Provide such other information, including any written documentation, as County may reasonably request. City is responsible for notifying all affected individuals whose sensitive data may have been compromised as a result of the Security or Privacy incident.

- 4.1. City must ensure that any agents (including contractors and subcontractors), analysts, and others to whom it provides protected information, agree in writing to be bound by the same restrictions and conditions that apply to it with respect to such information.

5. HIPAA COMPLIANCE

- 5.1. City agrees to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA, public law #104-191) and its amendments. City also agrees to comply with the HIPAA Privacy requirements, the HIPAA Standards for Electronic Transactions, the HIPAA Security requirements, the HIPAA Enforcement Rule, the HIPAA Breach Notification requirements, and any other applicable HIPAA laws, standards and requirements now or as they become law, including any future guidance issued by the United States Secretary of Health and Human Services.
- 5.2. Because the Program's services and operations will involve the disclosure of Protected Health Information (PHI) by County, or the creation, use or disclosure of PHI by City on behalf of County, County (Covered Entity) is required to enter into a separate Business Associate Agreement ("BA Agreement") with City (Business Associate). The BA Agreement ensures that City's performance under this Agreement (the Covered Agreement) complies with the privacy and security requirements under HIPAA and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH ACT). Consequently, City agrees to the terms and conditions of the BA Agreement, attached hereto and incorporated herein by reference as Exhibit 1, and the parties further agree that the execution of this Agreement also constitutes execution of the BA Agreement.

6. Compliance with Drug Abuse Prevention, Treatment, and Rehabilitation Act.

- 6.1. City agrees to comply with the requirements and restrictions of the Drug Abuse Prevention, Treatment and Rehabilitation Act, codified at 42 USC 290dd-3, 42 USC 290ee-3 and 42 CFR Part 2.
- 6.2. If the City and its services under this Agreement also meet the definition of a Qualified Service Organization under 42 CFR Part 2, the City agrees to terms and conditions of the Qualified Service Organization Agreement (QSOA) attached

hereto and incorporated herein by reference as Exhibit 2, and the parties further agree that the execution of this contract also constitutes execution of the QSOA.

7. **COST**

The County and the City agree that the costs associated with the employee position established under this Agreement will be shared between the parties. The employee assigned under this Agreement to perform services for the City shall at all times remain an employee of Ramsey County and shall not be considered an employee of the City for any purpose, including but not limited to liability, workers' compensation, or employment benefits. The County shall retain all rights and responsibilities of the employer, including hiring, discipline, supervision, and termination.

The County shall be responsible for twenty-five percent (25%) of the employee's salary and associated fringe benefits. The City shall be responsible for the remaining seventy-five percent (75%) of the employee's salary and associated fringe benefits. Each party shall be responsible for its respective share of these costs as outlined in this Agreement.

8. **ACCESS TO DOCUMENTS**

Until the expiration of six (6) years after this Agreement terminates, City shall make available to County, the State Auditor or County's ultimate funding source, a copy of this Agreement and books, documents, records and accounting procedures and practices of City relating to this Agreement.

9. **LIABILITY**

Each party will be responsible for its own acts or omissions under the terms of this Agreement and the results thereof to the extent authorized by law and will not be responsible for the acts or omissions of the other party and the results thereof.

10. **CHANGES OR AMENDMENTS TO THE AGREEMENT**

Any changes or amendments to this Agreement must be in writing and signed by the parties hereto, after all appropriate and necessary authority has been acquired by each such party.

11. **TERM OF AGREEMENT**

This Agreement is in effect when fully executed by both parties and shall remain in effect for one year or until terminated by either party, whichever occurs first.

12. **TERMINATION**

Either party may terminate this Agreement in accordance with the provisions set forth below

12.1. Either the County or the City may terminate this Agreement for cause by providing written notice to the other party specifying the reason for termination and the date upon which the termination will become effective.

12.2. This Agreement may be terminated by either party without cause upon ninety (90)

days written notice to the other party.

12.3. **Other Events.**

In the event that the County's authority to provide the services contemplated in this Agreement is modified, repealed, or otherwise limited by law, regulation, or governmental action, the County may terminate this Agreement upon written notice to the City. The termination shall become effective on the date specified in the notice.

13. NOTICES

Except as otherwise stated in this Agreement, all notices or demand to be given under this Agreement, or any statute, rule, regulation or ordinance must be in writing, and shall be sent via registered or certified mail. Notices or other communications shall be sent to the following addresses:

RAMSEY COUNTY: Ramsey County Adult Mental Health Division Director
160 E Kellogg Ave
Saint Paul, MN 55101

CITY OF MAPLEWOOD: City of Maplewood Public Safety Director
1830 County Road B East
Maplewood, MN 55109

14. EQUAL EMPLOYMENT OPPORTUNITY

Each party agrees to comply with all federal, state and local laws, resolutions, ordinances, rules, regulations and executive orders pertaining to unlawful discrimination on account of race, color, creed, religion, national origin, sex, sexual preference, marital status, status with regard to public assistance, disability or age. When required by law and requested by the other party, each party shall furnish a written affirmative action plan to the other party.

15. INTERPRETATION OF AGREEMENT

15.1. This Agreement shall be interpreted and construed according to the laws of the State of Minnesota.

15.2. The provisions of this Agreement are severable. If any part of this Agreement is rendered void, invalid, or unenforceable, such rendering will not affect the validity and enforceability of the remainder of this Agreement.

15.3. The written Agreement, including all attachments and exhibits, represent the entire and integrated agreement between the parties and supersede all prior negotiations, representations or contracts, either written or oral. No subsequent agreement between the County and the City to waive or alter any of the provisions of this Agreement shall be valid unless reduced in writing, consistent with the terms of Section 10 of this Agreement ("Changes or Amendments to Agreement").

WHEREFORE, this Agreement is duly executed ("Effective Date") on the last date written below.

RAMSEY COUNTY

Rafael Ortega, Chair
Ramsey County Board of Commissioners

Date: _____

Jason Yang, Chief Clerk
Ramsey County Board of Commissioners

Date: _____

Approved as to form and insurance:

Lindsey Millard
Lindsey Millard (May 7, 2026 09:05:12 CDT)

Assistant County Attorney

05/07/2026
Date: _____

CITY OF MAPLEWOOD

Marylee Abrams
Marylee Abrams (Apr 19, 2026 18:13:32 CDT)

Marylee Abrams, Mayor
City of Maplewood

Date: 04/19/2026

Michael Sable

Michael Sable, City Manager
City of Maplewood

Date: 04/21/2026

Approved as to form and insurance:

Ron Batty
Ron Batty (Apr 20, 2026 08:44:56 CDT)

City Attorney

Date: 04/20/2026

Business Associate Agreement

1. **Definitions.** Terms defined in the Joint Powers Agreement are incorporated by reference. Capitalized terms used but not otherwise defined in this Business Associate Agreement (“BA Agreement”) shall have the same meaning as those terms in the HIPAA Rules as amended from time to time.
 - I. “Business Associate” shall generally have the meaning set forth in HIPAA Rules and also shall refer to the Party identified in this BA Agreement that serves as the Business Associate.
 - II. “Covered Entity” shall generally have the meaning set forth in HIPAA Rules and also shall refer to the identified Health Care Components of the Party identified above as the Covered Entity, in accordance with the use of this term at 45 C.F.R. § 164.105(a)(2)(i)(A).
 - III. Protected Health Information (PHI) shall generally have the meaning set forth in HIPAA Rules and also shall refer to PHI applicable to the relationship between the Parties under this BA Agreement and the Joint Powers Agreement.
2. **Representations, Acknowledgements, & Satisfactory Assurances of Business Associate.** Business Associate hereby represents and acknowledges: i) it has legal status as a Business Associate under HIPAA Rules as a direct result of its relationship with Covered Entity under the Joint Powers Agreement; ii) it has read and fully understands the extensive legal requirements of Business Associates under HIPAA Rules; iii) it has sufficient technical, legal, and monetary resources and know-how to comply with all Business Associate regulatory and contractual requirements for the full term of the Joint Powers Agreement, including any renewals or amendments it may execute; and iv) that the consideration identified in the Joint Powers Agreement is, in part, in exchange for obligations under this BA Agreement, which may be referenced or incorporated into the Joint Powers Agreement. Business Associate offers and Covered Entity accepts these representations and acknowledgments, along with other promises in this BA Agreement, as satisfactory assurances that Business Associate will appropriately safeguard PHI, including electronic PHI.
3. **Obligations of Business Associate.** Business Associate agrees and promises in good faith to do all of the following:
 16. Comply with HIPAA, public law #104-191, and its amendments.
 17. Comply with the HIPAA Privacy requirements, the HIPAA Standards for Electronic Transactions, the HIPAA Security requirements, the HIPAA Enforcement Rule, the HIPAA Breach Notification requirements, the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH ACT), and any other applicable HIPAA laws, standards and requirements now or as they become law, including any future guidance issued by the United States Secretary of Health and Human Services

(“Secretary”).

18. Comply with all Business Associate obligations and requirements under HIPAA Rules and, if uncertainty exists as to how to achieve compliance, request direction from Covered Entity.
19. Comply with other requirements under HIPAA Rules that may apply to the Covered Entity, such as when Business Associate carries out one or more of the Covered Entity’s obligations under HIPAA Rules.
20. Use and disclose PHI only: (i) when required by law; ii) as set forth in this BA Agreement; or (iii) as set forth in the Joint Powers Agreement or, if the Joint Powers Agreement is ambiguous or incomplete, then only as permitted or required by the Covered Entity’s Notice of Privacy Practices that was in effect when the information was collected from the individual.
21. MINIMUM NECESSARY. Limit its use, disclosure, and requests for use or disclosure to the minimum amount necessary to accomplish the intended purpose in accordance with the requirements of the HIPAA Rules.
22. Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of electronic PHI that it creates, receives, maintains, or transmits on behalf of the Covered Entity.
23. Manage Security Incidents in compliance with 45 C.F.R. Part 164 Subpart C, including immediate notification to the Covered Entity of a Security Incident upon discovery.
24. Upon discovery of a Breach as defined at 45 C.F.R. § 164.402, which is recognized by HIPAA Rules as a type of Security Incident, comply with 45 C.F.R. Part 164 Subpart D, which includes immediate notification to Covered Entity in a prescribed form and providing prescribed information. In addition to the requirements of HIPAA Rules, Business Associate shall:
 - a. Identify all known individuals or entities that caused or contributed to the occurrence of a Breach at Business Associate’s expense; and
 - b. Cooperate with Covered Entity to notify, at Business Associate’s expense, all Individuals and media required to be notified under the HIPAA Rules; and
25. The parties acknowledge that the definition of Breach as set forth in the HIPAA Rules at 45 C.F.R. Part 164.402 excludes the following circumstances and therefore Breach notice requirements do not apply:
 - a. Any unintentional acquisition, access, or use of PHI by a workforce member or person acting under the authority of a Covered Entity or a Business Associate, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under 45 C.F.R. Part 164,

Subpart E.

- b. Any inadvertent disclosure by a person who is authorized to access PHI at a covered entity or business associate to another person authorized to access PHI at the same Covered Entity or Business Associate, or organized health care arrangement in which the Covered Entity participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted under 45 C.F.R. Part 164, Subpart E.
 - c. A disclosure of PHI where a Covered Entity or Business Associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.
26. In accordance with 45 C.F.R. § 164.524, provide access to PHI in a Designated Record Set to an Individual at the request of Covered Entity and in the time and manner designated by Covered Entity. Provide immediate notice to Covered Entity when Business Associate receives a request for access from an Individual.
 27. In accordance with 45 C.F.R. § 164.526, make amendments to PHI in a Designated Record Set as directed by the Covered Entity or take other measures as necessary to satisfy Covered Entity's obligations regarding amendments. Provide immediate notice to Covered Entity when Business Associate receives a request for an amendment from an Individual.
 28. Make its internal practices, books and records, including policies, procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of Covered Entity available to the Covered Entity or to the Secretary or the Secretary's designee, in a time and manner designated by the requestor, for purposes of audit or determining Covered Entity's compliance with HIPAA Rules.
 29. In accordance with 45 C.F.R. § 164.528, document disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI. Provide to Covered Entity or an Individual, in time and manner designated by Covered Entity, information required to provide an individual with an accounting of disclosures of PHI.
 30. Implement written policies and procedures, conduct periodic security risk assessments and evaluations, and train employees who have access to PHI about the standards, obligations, policies and procedures required by HIPAA Rules.
 31. Enter into a written agreement with each agent and subcontractor who has access to the PHI created, received, maintained, or transmitted by Business Associate in relation to Covered Entity and include in such agreement the same or parallel restrictions, requirements, and conditions that apply through this BA Agreement to Business Associate, including provisions

with respect to reasonable and appropriate safeguards to protect electronic PHI.

4. **Obligations of Covered Entity.** Covered Entity shall not direct Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by Covered Entity. Covered Entity agrees to provide Business Associate with:
 1. the applicable notice of privacy practices that Covered Entity produces in accordance with 45 C.F.R § 164.520 and material changes to such notice over time;
 2. any changes in, or revocation of, permission by an Individual to use or disclose PHI, if such changes affect Business Associate's permitted or required uses and disclosures; and
 3. notice of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with HIPAA if such restrictions affect Business Associate's permitted or required uses and disclosures.

5. **Term and Termination.**
 - A. Term. The Term of this BA Agreement shall be effective as of the Effective Date of the Joint Powers Agreement, and shall continue until terminated as provided herein.

 - B. Upon Termination.
 - a. Except as provided in paragraph (2) of this section, upon termination of this BA Agreement for any reason, Business Associate shall immediately return or destroy, according to Covered Entity's instructions, all PHI that it created, received, maintained, or transmitted on behalf of or to or for Covered Entity to the extent that Business Associate still maintains such

PHI in any form. Business Associate shall take the same action for all such PHI that may be in the possession of its subcontractors and agents. Business Associate and its subcontractors and agents shall not retain copies of any such PHI.

- b. In the event that Business Associate knowingly cannot or does not return or destroy PHI as described in paragraph (1) of this section, it shall notify Covered Entity of the specific circumstances and continue to extend the protections of this BA Agreement to such PHI and take all measures possible to limit further uses and disclosures of such PHI for so long as Business Associate or its subcontractors or agents maintain such PHI. The Parties intend that the provisions of this section 5(d)(2) survive termination of this BA Agreement.

6. **Mutual Representations and Warranties of the Parties.** Each Party represents and warrants to the other Party that it is duly organized, validly existing, and in good standing under the laws of the jurisdiction in which it is organized, it has the full power to enter into this BA Agreement and to perform its obligations, and that the performance by it of its obligations under this BA Agreement have been duly authorized by all necessary corporate or other actions and will not violate any provision of any license, corporate charter or bylaws; and that neither the execution of this BA Agreement, nor its performance hereunder, will directly or indirectly violate or interfere with the terms of another agreement to which it is a party.
7. **Notices.** All demands, notices, requests and other communications hereunder must be in writing and will be deemed to have been duly given only if delivered personally or by registered or certified mail return receipt requested to the Parties at the following addresses:

if to Covered Entity, addressed to:

Annette Bridges
HIPAA Privacy Official
250 Courthouse
15 West Kellogg Blvd.
St. Paul, MN 55102

if to Business Associate, addressed to:

Michael Mondor
Fire Chief
1830 County Road B E
Maplewood, MN 55109

or to such other address as a Party hereto will specify to the other Party hereto

in writing in a notice which complies with this Section. Any party may give any Notice using other means (including personal delivery, expedited courier, messenger service, telecopy, telex, ordinary mail, or electronic mail), but no such Notice shall be deemed to have been duly given unless and until it is actually received by the intended recipient.

8. **Amendment and Modification.** No part of this BA Agreement may be amended, modified, supplemented in any manner whatsoever except by a written document signed by the Parties' authorized representatives. The Parties agree to take action to amend this BA Agreement from time to time as necessary for Covered Entity to comply with the requirements of the Privacy Rule, Security Rule and the Health Insurance Portability and Accountability Act of 1996.
9. **Headings.** The headings used in this BA Agreement have been inserted for convenience of reference only and do not define or limit the provisions hereof.
10. **Counterparts.** This BA Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument. Faxed signatures shall be treated as effective as original signatures.
11. **No Third Party Beneficiaries.** Nothing express or implied in this BA Agreement is intended to confer, nor shall anything herein confer, upon any person other than the Parties and the respective successors or assigns of the Parties, any rights, remedies, obligations, or liabilities whatsoever.
12. **Disputes.** If any controversy, dispute or claim arises between the Parties with respect to this BA Agreement, the Parties shall make good faith efforts to resolve such matters informally.
13. **No Fiduciary Relationship Created Hereby.** This BA Agreement does not create any relationship of principal and agent, or otherwise between the Parties. Neither Party shall be liable for any obligation incurred by the other, except as might otherwise be expressly provided in this BA Agreement. All employees of each Party shall remain the employee of that Party, and shall not be subject to any direction or control by the other Party.
14. **Failure to Enforce Not a Waiver.** The failure of either Party to enforce at any time any provision of this BA Agreement shall in no way be construed to be a waiver of such provision or of any other provision hereof.
15. **Successors and Assigns.** This BA Agreement shall be binding upon the respective successors, heirs, administrators and permitted assigns of the Parties.
16. **Entire Agreement.** This BA Agreement constitutes the entire agreement of the Parties with respect to the subject matter hereof and supersedes all prior understandings or agreements, written or oral, with respect to the rights and responsibilities of the Parties set forth in this BA Agreement.

17. **Effect on Covered Agreement.** Except as relates to the use, security and disclosure of PHI and electronic transactions, this BA Agreement is not intended to change the terms and conditions of, or the rights and obligations of the Parties under, the Joint Powers Agreement.
18. **Interpretation.** A reference in this BA Agreement to a section in the Privacy Rule or Security Rule means the section as amended from time to time. Any ambiguity in this BA Agreement shall be resolved in favor of a meaning that permits Covered Entity and Business Associate to comply with the HIPAA Privacy Rule and the Security Rule.

QUALIFIED SERVICE ORGANIZATION AGREEMENT (QSOA)

Ramsey County Crisis Unit (“Program”) and the City of Maplewood through its Public Safety Department (“Service Organization”) hereby enter into a Qualified Service Organization Agreement (QSOA) whereby Service Organization agrees to provide substance abuse and/or Core services to Program clients. Program requires specific data and information related to substance abuse and/or Core services and this QSOA is established in order to adequately meet the terms of the contract between Service Organization and Program.

Furthermore, Program and Service Organization:

1. acknowledge that in receiving, transmitting, transporting, storing, processing, or otherwise dealing with any information received from Program or Service Organization identifying or otherwise relating to the Program’s clients (“protected information”), they are fully bound by the provisions of the federal regulations governing the Confidentiality of alcohol and Drug Abuse patient Records, 42 C.R.F. Part 2; and the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R., Parts 142, 160, 162 and 164, and may not use or disclose the information except as permitted or required by this Agreement or by law;
2. agree to resist any efforts in judicial proceedings to obtain access to the protected information except as expressly provided for in the regulations governing the Confidentiality of Alcohol and Drug Abuse patient Records, 42 C.F.R. Part 2.
3. agree to use appropriate safeguards to prevent the unauthorized use or disclosure of the protected information.

Signature Request Form

Directions:

- Check the boxes below to indicate required signatures and action (notarize or seal)
- Upload document requiring signatures

Name of Agreement/Contract/Document * Joint Powers Agreement with Ramsey County for Embedded Social Work (ESW)
*This name will be used to file the document in Laserfiche

Attach Document for Signatures * G5_JPA-Ramsey-County_Embedded-Social-Work(ESW).pdf 969.37KB

Pages where Intials/Signatures Req'd 8

Department/Division * Police

Date Presented to Council	Agenda Report #	Recommended By
4/13/2026	G5	Public Safety Director Bierdeman

Signatures Req'd *

- Mayor
- City Manager
- City Clerk
- City Attorney
- Other

Other Required Actions

- Corporate Seal
- Notarize

External Signatures Required Yes

Special Instructions

Submitted By	Date
Gina Kuchenmeister	4/14/2026 11:14:10 AM