**ACCEPTANCE OF CONTRACT TERMS AND CONDITIONS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agrees to accept and abide by

(Provider Name)

the following terms and conditions for provision of services:

1). The conditions, provisions, terms, items specified in the Request for Proposals and all appendices and exhibits thereto.

2). The Policies and Regulations cited in the Request for Proposals.

3). The Model Contract, appended to the Request for Proposals, and all appendices and exhibits thereto.

4). The policies related to, and required collection of client, service and fiscal information for automated entry into the Enterprise Client Information Resource Tracking System (eCIRTS) in accord with time frames delineated by the Florida Department of Elder Affairs and the Area Agency on Aging of Broward County.

5). All Health Insurance Portability and Accountability Act (HIPAA) Regulations and Requirements related to the handling of client privacy issues as delineated by the Area Agency on Aging of Broward County and the Florida Department of Elder Affairs.

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Signature of Authorized Representative Date