Electronic Health Record (EHR) Security Compliance

This Electronic Health Record (EHR) Security Compliance is executed by the undersigned Contractor in connection with the Contract between Contractor and LACDMH ("Contract").

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1. EHR System Identification

The Contractor uses the following EHR system in connection with services provided under the Contract:

EHR System Name: _____
EHR Vendor: _____

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2. Security Certification (Check One or More)

By checking the applicable box(es) below, Contractor attests, represents, and warrants that the EHR system identified above satisfies the corresponding security standard(s):

☐ SOC 2 Type II compliant, based on an independent third-party audit

☐ Equivalent industry-recognized security certification, including:

- ☐ HITRUST CSF
- ☐ ISO/IEC 27001
- ☐ NIST-based certification or assessment
- ☐ Other equivalent certification: _____

Certification Effective Date: _____

Certification must be submitted annually and/or by DMH requested date

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3. Certification and Signature

By signing below, Contractor certifies that all statements in this Attachment are true, accurate, and complete as of the date signed and are made in reliance upon the Contract. Contractor maintains, or has access to, current documentation supporting the certification(s) identified above and agrees to provide such documentation to LACDMH

within 10 business days of the request. Contractor agrees to maintain SOC 2 Type II compliance, or an equivalent certification, throughout the term of the Contract. Contractor further agrees to promptly notify DMH Information Security Officer, using the described notification channels outlined in Exhibit I (Attestation Regarding Information Security and Technology Requirements) Attachment 1 (Information Security and Privacy Requirements) Attachment A (DMH Information Security and Privacy Requirements), of any material lapse, suspension, or revocation of such compliance or certification.

Contractor Legal Name: _____

Authorized Signatory Name: _____

Title: _____

Signature: _____

Date: _____