

MODIFICATION AGREEMENT BETWEEN THE NEW YORK CITY HUMAN  
RESOURCES ADMINISTRATION AND THE NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE

This MODIFICATION AGREEMENT ("Modification Agreement") is dated 3/18/16,  
and is between the New York City Human Resources Administration ("HRA"), located at 150  
Greenwich Street, New York, New York 10007 and the New York City Department of Health  
and Mental Hygiene ("DOHMH") located at 42-09 28<sup>th</sup> Street, Queens, New York 11101.

WITNESSETH:

WHEREAS, the Parties entered into an Agreement dated March 13, 2014 for DOHMH to  
provide application assistance and health insurance education to individuals seeking enrollment  
into Medicaid programs, with funding from HRA; and

WHEREAS, the term of the Agreement was from July 1, 2013 through June 30, 2014, with three  
(3) additional one (1) year renewals; and

WHEREAS, the Parties wish to modify the Agreement to clarify official policies concerning  
record retention and confidential information.

NOW THEREFORE, the Parties agree as follows:

**ARTICLE 1. EFFECT OF CHANGES ON AGREEMENT**

Except as modified herein, all of the terms, covenants, and conditions of the Agreement shall  
remain unchanged and in full force and effect.

**ARTICLE 2. MODIFICATION OF ARTICLE 6 OF THE AGREEMENT**

Article 6 of the Agreement, "Retention of Records," is hereby modified to delete Paragraph 6.1  
in its entirety, and replaced with a new Paragraph 6.1, to read as follows:

*6.1 The Parties agree to retain all records concerning this Agreement for at least six (6)  
years following the termination or cessation of services under this Contract. The Parties agree to  
make all such records available for audit by the NYSDFA, NYS Audit and Control, and DHHS  
(and USDA, if appropriate).*

**ARTICLE 3. MODIFICATION OF ARTICLE 9 OF THE AGREEMENT**

- A. Article 9 of the Agreement, "Confidentiality," is hereby modified to insert a new  
Paragraph 9.3, to read as follows:

*9.3 The Parties agree that any disclosure of confidential HIV-related  
information shall be accompanied by a written statement as follows:*

*"This information has been disclosed to you from confidential records which are  
protected by State law. State law prohibits you from making any further*

*disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of State law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is not sufficient authorization for further disclosure."*

- B.** Paragraphs 9.3 and 9.4 as found in the Agreement are hereby re-numbered as Paragraph 9.4 and 9.5, respectively.


**[SIGNATURE PAGES FOLLOW]**


IN WITNESS WHEREOF, the Parties hereto have executed this Modification Agreement on the dates appearing below their respective signatures.

New York City Human Resources Administration

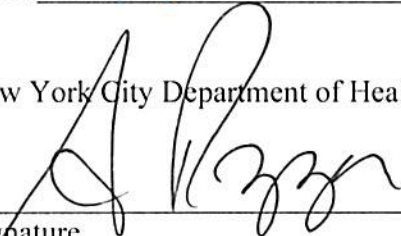
  
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Signature

  
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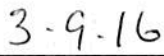
Date:   
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New York City Department of Health and Mental Hygiene

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name     Assunta Rozza  
           Deputy Commissioner of Finance  
           NYC Dept of Health & Mental Hygiene

\_\_\_\_\_  
Title

Date:   
\_\_\_\_\_

STATE OF NEW YORK)

:SS:

COUNTY OF NEW YORK)

On this 18 day of March 20 16, before me personally came Vincent Pullo, to me known and known to me to be KCCO of the HUMAN RESOURCES ADMINISTRATION/ DEPARTMENT OF SOCIAL SERVICES of the CITY OF NEW YORK, the person described in and who is duly authorized to execute the foregoing instrument on behalf of the Commissioner, and s/he acknowledged to me that s/he executed the same for the purpose therein mentioned.

  
NOTARY PUBLIC

SHARON JAMES-LEONCE  
Commissioner of Deeds  
City of New York No. 2-13026  
Certificate Filed in New York County  
Commission Expires May 01, 2016

STATE OF New York )

:SS:

COUNTY OF Queens )

On this 9<sup>TH</sup> day of March 20 16, before me personally came Assunta Pozza, to me known and known to me to be Deputy Commissioner for Finance of the NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE, the person described in and who is duly authorized to execute the foregoing instrument, and s/he acknowledged to me that s/he executed the same for the purpose therein mentioned.

  
NOTARY PUBLIC

FRANK LANE  
Notary Public, State of New York  
No. 01LA5014224  
Qualified in Queens County  
Commission Expires November 03, 2017