

CONTRACT
FOR SERVICES OVER \$50,000

ANY ALTERATIONS OF CONTRACT LANGUAGE WILL RESULT IN REVOCATION OF CITY ATTORNEY APPROVAL.

This Contract for Harm Reduction Services is entered into by and between Equitas Health (herein referred to as “Contractor”), and the City of Columbus, Department of Health (herein referred to as “City”).

WITNESSETH

WHEREAS, the City has a need for Harm Reduction Services; and

WHEREAS, the Contractor has the necessary experience and expertise to provide said service; and

WHEREAS, this Contract is authorized by Ordinance No. 0715-2023, passed by Columbus City Council on 4/3/2023; and

NOW, THEREFORE, in consideration of the mutual promises as hereinafter set forth, the parties agree as follows:

This Contract sets forth the entire agreement between the parties with respect to the subject matter hereof. Understandings, agreements, representations, or warranties not contained in this Contract, or as written amendment hereto, shall not be binding on either party. Except as provided herein, no alteration of any terms, conditions, delivery, price, quality, or specifications of this Contract shall be binding on either party without the written consent of both parties. This Contract is subject to the Ohio Public Records Act.

1. Contract Term

The term of this Contract shall be from January 1, 2023 to December 31, 2023. This Contract shall not automatically renew.

2. Maximum Obligation

The maximum amount to be paid under any purchase order associated with this Contract shall not exceed \$350,000.00 unless additional funds are appropriated and authorized.

3. Pricing and Scope of Services

The Contractor agrees to perform and invoice the Scope of Services as set forth **ON ATTACHED EXHIBIT A*** and as contained in the bid specifications, which are expressly incorporated herein.

*Contract is NOT valid if the Scope of Services is NOT attached.

No other costs, rates, or fees shall be payable to the Contractor for services performed hereunder. The terms and conditions specified in this Contract constitute the entire contract governing the purchase of services by the City from the Contractor, and shall supersede any terms and conditions which may accompany Contractor’s invoice/bid/estimate. Any and all verbal representations are superseded by this Contract. The terms of this Contract shall prevail over any conflicting or deficient terms or conditions listed in any attachments from Contractor.

4. Equal Opportunity Clause

Contractor agrees to abide by all of the terms, conditions and requirements set forth in Columbus City Code Section 3906.02, Equal Opportunity Clause. Failure or refusal of a Contractor or Subcontractor to comply with the provisions of Title 39 may result in cancellation of this Contract.

5. Taxes

Federal or State taxes are not to be included on invoices for the described services. Contractor will be provided an exemption certificate, if needed.

6. City’s Contract Administrator/Contract Administration

Tami Langen will manage the Contract on behalf of the City and will be the principal point of contact for the City concerning the Contractor's performance under this Contract.

Any notice or demand or other communication required or permitted to be given under this Contract or applicable law shall only be effective if it is in writing, properly addressed, and either delivered in person, or by a recognized courier service, or deposited with the United States Postal Services as first-class certified mail, postage prepaid and return receipt requested, to the parties at the following addresses: (List names and addresses of City and Contractor contact persons below.)

Tami Langen | 240 Parsons Ave Columbus OH 43215 | 614.724.2024 | TLLangen@columbus.gov
Devin Quinn - devinquinn@equitashealth.com - (614) 668-7146

7. Contractor as an Independent Contractor

The Contractor shall be and shall remain an Independent Contractor with respect to all services performed hereunder and neither Contractor nor its employees shall be considered "public employees" for purposes of OPERS membership. Contractor agrees to and does hereby accept full and exclusive liability for the payment of any and all contributions or taxes for Social Security, unemployment insurance or old age retirement benefits, pensions or annuities now or hereafter imposed under any state or federal law which are measured by the wages, salaries or other remunerations paid to the Contractor or persons employed by the Contractor for work performed under the terms of this Agreement and further agrees to obey all lawful rules and regulations and to meet all lawful requirements which are now, or hereafter may be, issued or promulgated under said respective laws.

Individuals utilizing a personal social security number for tax identification purposes and business entities with four (4) or fewer employees must complete and submit, as Exhibit D, the OPERS independent contractor acknowledgment form. THIS FORM CAN BE FOUND AT WWW.OPERS.ORG

8. Applicable Law, Remedies

This Agreement shall be governed in accordance with the laws of the State of Ohio and the ordinances, statutes and provisions of the Columbus City Code and Charter; specifically including, but not limited to Charter Sections 159 and 161. All claims, counterclaims, disputes and other matters in question between the City, its agents and employees, and the Contractor arising out of or relating to this Agreement or its breach will be decided in a court of competent jurisdiction within the County of Franklin, State of Ohio.

Chapter 377 of the Columbus City Codes is hereby incorporated into the contract and Contractor is required to comply with said chapter. This includes, but is not limited to reporting requirements and the obligation to review the commission list of contractors and subcontractors that received an adverse determination. Penalties for failure to comply with the wage theft prevention code included suspension for three years, up to permanent disbarment.

9. Payment/Invoice Submittal

Fees shall be paid for services rendered following: (1) the City's receipt of a correct invoice, which designates the specific applicable charges, and (2) issuance of a certified purchase order. The City will not be subject to any late payment charges. Rates shall be firm during the term of this Contract. The City will process correctly documented invoices for payment and Contractor should receive payment for such invoice within thirty (30) days from receipt and approval by the City.

Invoices: All invoices shall be submitted to the address listed on the Purchase Order.

10. Modifications

No modification, amendment, alteration, addition or waiver of any section or condition of this Contract shall be effective or binding unless it is in writing and signed by an authorized representative of the City and the Contractor and approved by the appropriate City authorities.

11. Contract Termination

If either the City or the Contractor violates any material term or condition of this Contract or fails to fulfill in a timely and proper manner its obligations under this Contract, then the aggrieved party shall give the other party (the “responsible party”) written notice of such failure or violation. The responsible party will correct the violation or failure within thirty (30) calendar days or as otherwise mutually agreed. If the failure or violation is not corrected, this Contract may be terminated immediately by written notice from the aggrieved party. The option to terminate shall be at the sole discretion of the aggrieved party.

When it is in the best interest of the City, the City may terminate this Contract, in whole or in part by providing seven (7) calendar days written notice to the Contractor prior to the effective date of termination. If this Contract is so terminated, the City is liable only for payments required by the terms of this Contract for services received and accepted by the City.

12. Nonexclusive Remedies

The remedies provided for in this Contract shall not be exclusive but are in addition to all other remedies available under the law.

13. Survivorship

All services executed pursuant to the authority of this Contract shall be bound by all of the terms, conditions, prices discounts and rates set forth herein, notwithstanding the expiration of the initial term of this Contract, or any extension thereof. Further, the terms, conditions, and warranties contained in this Contract that by their sense in context are intended to survive this completion of the performance, cancellation or termination of this Contract, shall so survive.

14. Save Harmless/Indemnification

Contractor shall protect, indemnify and save the City harmless from and against any damage, cost, or liability, including reasonable attorneys’ fees, resulting from claims for any or all injuries to persons or damage to property arising from intentional, willful or negligent acts or omissions of Contractor, its officers, employees, agents, or Subcontractors. The City will not indemnify the contractor and is prohibited from doing so.

15. Severability

If any term or condition of this Contract or the application thereof to any person(s) or circumstances is held invalid, such invalidity shall not affect other terms, conditions, or applications which can be given effect without the invalid term, condition, or application; to this end the terms and conditions for the Contract are declared severable.

16. Assignment

This Contract may not be assigned or otherwise transferred to others by the Contractor without the prior written consent of the City. If this Contract is so assigned, it shall inure to the benefit of and be binding upon any respective successors and assigns (including successive, as well as immediate, successors and assignees) of the Contractor.

17. Authority to Bind

The signatories to this Contract represent that they have the authority to bind themselves and their respective organizations to this Contract.

18. Worker's Compensation

The Contractor shall comply with all Workers' Compensation laws of the State of Ohio. **Proof of coverage shall be attached to this Contract AS EXHIBIT B.**

19. Insurance

Contractor shall carry at least the minimum amounts listed below of Commercial Liability Insurance (Bodily Injury and Property Damage) naming the City as an additional insured. **Contractor must attach a copy of the Certificate of Insurance to this Contract AS EXHIBIT C:**

Bodily Injury Liability:

Each Person \$500,000
Each Accident \$1,000,000

Property Damage Liability:

Each Accident \$500,000
All Accidents \$1,000,000

20. Campaign Contributions

Contractor hereby certifies the following: that it is familiar with Ohio Revised Code ("O.R.C.") Section 3517.13; that it is in full compliance with Divisions (I) and (J) of that Section; that it is eligible for this contract under the law and will remain in compliance with O.R.C. Section 3517.13 for the duration of this contract and for one year thereafter.

21. City Income Taxes

Contractor hereby further agrees to withhold and pay all city income taxes due or payable under the provisions of Chapter 362, Columbus City Codes, for wages, salaries and commissions paid to its employees and further agrees that any of its subcontractors shall be required to agree to withhold and pay any such city income taxes due under said chapter for services performed under this Contract. If it has been determined by the Columbus Income Tax Division that Contractor, or any of its subcontractors, owes city income taxes, the Contractor agrees that the City may withhold the amount due to the City from any amount due to the Contractor for services performed under this Contract notwithstanding paragraph 9 hereinabove.

IN WITNESS WHEREOF, the parties have executed this Contract as of the day and year written below.

EXHIBITS A, B AND C MUST BE ATTACHED HERETO.

ANY ALTERATIONS OF CONTRACT LANGUAGE WILL RESULT IN REVOCATION OF CITY ATTORNEY APPROVAL.

CITY OF COLUMBUS

DocuSigned by:
MWR by Anita Clark 4/18/23
5631545F188F46E...

Signature Date

Dr. Mysheika W. Roberts, Columbus Public Health

Printed Name, Title and Department

Federal Tax ID Number: 316400223

BOARD OF HEALTH

DocuSigned by:
Andrew E. Boy 4/18/23
B300FD37AF1447B...

Board of Health Date

CONTRACTOR

DocuSigned by:
Robert S. Copeland 3/6/2023
0721BCB7F6DC46E...

Signature Date

Please list remit address below:

1105 Schrock Road

suite 400

Printed Name and Title 31-1126780

Federal ID Number: _____

Columbus, OH 43229

CONTRACT SIGNATURE AFFIDAVIT

(Must be completed when the individual signing the Contract is NOT an officer or Member of the Company.)

STATE OF: _____

COUNTY OF: _____

_____, being duly sworn, deposes and says that he/she is
_____ of _____, a Corporation, LLC, or LLP organized and existing under and by
(Title) **(Company Name)**

virtue of the laws of the State of _____, and having its principal office at

City, State, Zip Code

Affiant further says that he/she is familiar with the records, minute books and by-laws of

(Company Name)

Affiant further says that _____ is _____
(Name of Person Signing Contract) **(Title)**

Of the Company and is duly authorized to sign the Contract for : _____

For said Company by virtue of _____
(State whether the provision of by-laws or a resolution of the Board of Directors. If resolution, give date of adoption.)

Signature of Affiant**

**** AFFIANT MUST BE SOMEONE OTHER THAN THE INDIVIDUAL SIGNING THE CONTRACT.****

Sworn to before me and subscribed in my presence this _____ day of _____ 20____

Notary Public

My Commission Expires: _____

EXHIBIT A

SCOPE OF SERVICES AND PRICING

CONTRACTOR agrees to the following.

1. Provide outreach, education and harm reduction services to people who inject drugs (PWID). Harm reduction services shall be offered at 1267 West Broad St., Columbus, Ohio 43222 and shall include:
 - A. Risk Reduction Counseling Services: Provide risk reduction counseling to 1,500 unique clients who utilize syringe access services; “Risk Reduction Counseling Services” will include:
 - i. Documenting client risk factors by completing the agreed upon client visit form (Exhibit A-2) or equivalent digital form, which includes a client risk assessment, at second client visit and continuously at three (3) month intervals with all clients who utilize syringe access services;
 - ii. Completing a risk-reduction plan at second client visit and continuously at three (3) month intervals with all clients who utilize syringe access services;
 - iii. Assessing readiness to change by completing stages of change screening at second client visit and continuously at three (3) month intervals with all clients who utilize syringe access services;
 - iv. Assessing program outcomes by monitoring and reporting changes or improvements in high-risk behaviors and readiness to change with repeat-clients who utilize syringe access services; and
 - v. Use the following Evidence-Based Models to inform practice: Motivational Interviewing; Stages of Change; Cognitive Behavioral Therapy; Trauma Informed Care, utilizing the Seeking Safety intervention; and/or Living in Balance. All client and staff interactions will be conducted in a client-centered manner under the tenet of Carl Roger’s Unconditional Positive Regard.
 - B. Overdose Prevention Education: Provide overdose prevention education to 1,500 unique clients who utilize syringe access services.
 - i. Provide overdose prevention education around safer-injection practices; and
 - ii. Provide overdose prevention education around the life-saving effects of naloxone.
 - C. On-Site Alcohol and Drug Consultation and/or Referral: Provide 1,500 unique clients who utilize syringe services with consultation and/or referral to AOD treatment or recovery support services.
 - i. Provide assistance with health insurance applications and prior authorizations for treatment, when possible, via CONTRACTOR’s financial counselor’s capacity; and
 - ii. The minimum standard for “referral” will be providing written program information to the client, included hours of operation, availability of services, and contact information.
 - D. Safe Syringe Disposal Education: Provide safe syringe disposal education to 1,500 unique clients who utilize syringe access services.
 - E. On-Site Access to Naloxone: Provide naloxone dispensation, when available, to clients who utilize syringe access services.

- i. Provide on-site training for naloxone administration to clients being dispensed naloxone.
 - ii. CONTRACTOR will make a reasonable effort to procure naloxone for clients who utilize syringe access services.
- F. On-Site Access to Fentanyl Testing Strips and Safe Smoking Kits: Provide fentanyl testing strip and safe smoking kit dispensation, when available, to clients who utilize syringe access services.
 - i. Provide on-site training and education for use of fentanyl testing strips to clients.
 - ii. CONTRACTOR will make a reasonable effort to procure fentanyl testing strips for clients who utilize syringe access services.
 - iii. Safe Smoking Kit items can include bubblers/stem foil, rubber mouthpiece, manicure sticks, chore boy/brass mesh, and lip balm.
 - iv. Safe Smoking kit items shall be listed on ID card along with information informing clients of legal protection and limitations according to ORC 3707.57 (F)(1)(2).
 - v. Provide on-site education for use and risk reduction for safe smoking kits to clients
 - vi. CONTRACTOR will make a reasonable effort to procure safe smoking kits for clients who utilize syringe services
- G. On-Site HIV, Hepatitis C (HCV), Sexually Transmitted Infection (STI) Testing: Provide HIV/HCV/STI testing to 150 unique clients who utilize syringe access services.
 - i. Provide referrals and linkage to care for clients identified as being positive for HIV, HCV, or STIs; and
 - ii. The minimum standard for “referral” will be providing written program information to the client, included hours of operation, availability of services, and contact information.
- H. Referrals to Behavioral / Mental Health Care: Provide 200 unique clients who utilize syringe access services with referrals to mental or behavioral health care services.
 - i. The minimum standard for “referral” will be providing written program information to the client, included hours of operation, availability of services, and contact information.
- I. Referrals to Medical Care: Link 150 unique clients who utilize syringe access services to primary or other needed medical care or specialized medical services.
 - i. The minimum standard for “referral” will be providing written program information to the client, included hours of operation, availability of services, and contact information.
- J. Referrals to Treatment for Pregnant Women: Provide referrals for all known pregnant women who utilize syringe access services to the Step One phone line (614-721-0009) for those needing medical care and other resources.
 - i. The minimum standard for “referral” will be providing written program information to the client, included hours of operation, availability of services, and contact information.
- K. On-Site Access to Wound Care: Provide access to wound care for clients who utilize syringe services.

- i. If wound care is not available on-site during regular business hours, CONTRACTOR will provide direct referrals to care; and
 - ii. The minimum standard for “referral” will be providing written program information to the client, included hours of operation, availability of services, and contact information.
- L. Access to Safe Injection and Risk Reduction Planning: Provide 1500 unique clients with syringes and safe-injection equipment, as needed, in accordance with the following guidelines.
 - i. Provide risk-reduction education to clients who utilize syringe access services to reduce and/or prevent the spread of blood borne pathogens;
 - ii. During first access, assign a number and card to unique clients who utilize syringe access services;
 - iii. Operate the syringe access services under a hybrid-exchange model;
 - iv. First client visit under hybrid-exchange model:
 - a. First time clients will be able to access a maximum of one hundred and twenty (120) syringes.
 - b. First time clients who need less than one hundred and twenty (120) syringes, based on injection history and need, will receive less than the maximum allotment of syringes.
 - v. Follow-up client visits under hybrid-exchange model:
 - a. Returning clients will be able to access a basic allotment of up to forty (40) syringes at each follow-up client visit.
 - b. Returning clients will be eligible to exchange on a 1:1 basis syringes in excess of forty (40).
 - c. The total number of syringes dispensed to an individual client during a month (basic allotment that are accessed plus the number of syringes exchanged) is not to exceed a total maximum of four hundred (400) syringes per month.
 - vi. General Provisions [First time and follow up client visits]:
 - a. All syringes are intended to be used by the individual client for their personal use only; secondary access is disallowed.
 - b. Clients who access and/or exchange the maximum monthly allotment of four hundred (400) syringes will be required to meet with an on-site alcohol and drug consultant, employed or contracted by CONTRACTOR, and complete a detailed risk-reduction plan.
 - c. Estimates of syringes exchanged/returned will be based on an estimate of weight and/or reasonable client self-reporting of the quantity of syringes being returned during a client interaction.
 - d. Participants who return for services after not receiving any service for a period of six months or longer shall be enrolled as first time clients and follow first time client guidelines.
- M. Emergency Supply Provision: Provide emergency supplies as needed to clients who present for services but are turned away due to capacity in accordance with the following guidelines.
 - i. Emergency supplies will consist of no more than forty (40) syringes per client, first aid supplies and a safe smoking kit;

- ii. To be eligible to receive emergency supplies, the presenting client must be an existing participant at Safe Point with an active Syringe Access ID card;
 - iii. To be eligible to receive emergency supplies, the presenting client must arrive during scheduled program hours; and
 - iv. Emergency supply provision will only be available for each participant one (1) time per month.
2. A “Unique Client” will be defined as any new and unduplicated participant who is presenting for services for the first time.
3. A “Return Client” will be defined as any unduplicated participant who has presented for services more than one time.
4. Provide program data to Columbus Public Health from each syringe access site. Data will be submitted to Columbus Public Health in the following formats.
 - A. Quarterly Program Reports: Quarterly reports will be submitted to CPH 30 days after the end of each quarter throughout contract period (April 30th, July 31st, October 31st, January 31st, etc.). Data for the report will include:
 - i. Total number of program visits and the number of program days during a quarterly period;
 - ii. Total number of syringes distributed and syringes exchanged/returned for disposal during the quarterly period;
 - a. Estimates of syringes exchanged/returned will be based on an estimate of weight and/or reasonable client self-reporting of quantity of syringes being returned during a client interaction.
 - iii. Total number of unique clients who presented for any service during the quarterly period;
 - iv. Estimated frequency that unique clients returned to present for services during the quarterly period;
 - v. Total number of unique clients who received risk reduction counseling services and completed the risk reduction counseling form (Exhibit A-2);
 - vi. Total number of unique clients who received overdose prevention education;
 - vii. Total number of unique clients who received Alcohol and Drug consultation or referral;
 - viii. Total number of unique clients referred for alcohol and drug treatment; and the location/organization where the referral was made;’
 - a. Organization and/or location of resources provided for alcohol and drug treatment will be documented on the date of service in the client visit form.
 - ix. Total number of unique clients who received safe syringe disposal education;
 - x. Total number of naloxone kits distributed from all harm reduction sites;
 - xi. Total number of lives saved and lives not-saved from naloxone kits distributed;
 - xii. Total number of unique clients who self-report being HIV or HCV positive;
 - xiii. Total number of unique clients tested on-site for HIV, HCV and STIs;
 - xiv. Total number of positive results identified on-site for HIV, HCV and STIs;
 - xv. Total number of unique clients referred for medical care, behavioral health care or other service referrals; and the location/organization where the referral was made;

- a. Organization and/or location of resources provided for medical care, behavioral health care or other service referrals will be documented on the date of service in the client visit form.
 - xvi. Total number of unique clients who received on-site wound care;
 - xvii. Total number of unique clients who received safe-injection education; and
 - xviii. Total number of sharps containers and other needle disposing devices distributed to clients utilizing syringe access services.
- B. Annual Summary Reports will be submitted to CPH by the end of the first month of the ensuing calendar year (January 31st).
- i. Annual client satisfaction survey;
 - ii. Total number of unique clients that presented for services during the calendar year;
 - iii. Estimated frequency that unique clients returned to present for services during the calendar year;
 - iv. Collated data from the quarterly reports; and
 - v. Client risk-reduction counseling and stages of change data from all Safe Point clients (Exhibit A-2).
- C. Annual Impact reports will be provided by the end of the first quarter of the ensuing calendar year (March 31st). Data for the report will include:
- i. Evaluation of program outputs, including project strengths, successes, program barriers, gaps in services, participant feedback and other relevant data;
 - ii. Summary total of program outputs, collated from the quarterly and annual reports;
 - iii. Assessment of changes and improvements in client self-identified high-risk behaviors and stages of change with clients who have accessed syringe services more than twice; and
 - iv. Analysis of program impact – which will be based on client satisfaction surveys, changes and improvements identified in the risk-screening assessments and stages of change screenings for non-unique clients (clients who utilized syringe services more than one time in the calendar year).
5. Provide a minimum of three (3) community clean-up days specifically highlighting syringes in high-need areas as identified by law enforcement, CPH, and in collaboration with the city.
6. CONTRACTOR able to utilize up to \$10,000.00 per calendar year of allocated supply money for the purchasing of fentanyl testing strips for program participants.
7. Perform all services in accordance with the privacy regulations [45 CFR 164.502(e) & 164.504(e)] issued pursuant to the Health Insurance Portability and Accountability Act [42 USC 1320-1320d-8] and the terms of the attached Columbus Public Health Business Associate Privacy Agreement (Exhibit A-1).
8. Allow CPH or its representative to schedule periodic contract-monitoring site visits during normal working hours for the purpose of observing the program, reviewing information submitted in reports, documenting client outcomes and program impacts, and discussing any unforeseen problems or issues.
9. Adhere to all federal, state, and local laws and policies related to the provision of syringes.

10. CONTRACTOR can operate under the agreed upon COVID-19 operational plan during the pandemic, based on positivity rate and social distancing guidelines. Continuance of modified operations will be reevaluated on a quarterly basis.
11. Provide CPH with 60 days' notice if CONTRACTOR can no longer perform or execute the obligation of this contract.

Quarterly reports, submitted by the last day of the first month of the ensuing quarter, will be used to verify that satisfactory progress toward service requirements has been made during the billing period. If quality indicators specify that the CONTRACTOR is not meeting the minimum standards of care, the CONTRACTOR may be responsible for providing CPH with a Quality Management Plan to resolve and satisfy any unmet standards.

Columbus Public Health shall agree to the following responsibilities.

1. Monitor and provide input to CONTRACTOR on the operations of the harm reduction project.
2. Conduct periodic site visits to observe services and provide programmatic support.
3. Convene with CONTRACTOR to discuss gaps in services, barriers to care, and community needs.
4. Provide guidance and training to volunteers and staff employed by CONTRACTOR on risk reduction counseling, testing and referral methods.
5. Assist in facilitating strategic partnerships with outside organizations to ensure the delivery of comprehensive harm-reduction services and achieve program deliverables.
6. Provide in-kind support, when available, to CONTRACTOR to address gaps in services and ensure the delivery of comprehensive harm-reduction services.
7. Provide measurement strategies, as needed, for tracking project progress.
8. Assist in the evaluation of program outcomes.
9. Provide an annual summary analysis of program outcomes to the Ohio Department of Health.

EXHIBIT B



**Bureau of Workers'
Compensation**

30 W. Spring St. Columbus OH 43215-2256

04/22/2022
Date Mailed

#BWNFVS Q
#XX14326644#

EQUITAS HEALTH INC
1222 S PATTERSON BLVD STE 150
DAYTON OH 45402-2657

IMPORTANT DOCUMENT: REMOVE AND POST

Governor **Mike DeWine**
Administrator/CEO **Stephanie McCloud**

www.bwc.ohio.gov 1-800-644-6292

Ohio Bureau of Workers' Compensation

Required Posting

Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol, marihuana or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol, marihuana or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



You must post this language with the Certificate of Ohio Workers' Compensation.



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Ohio Workers' Compensation

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer
01017271

EQUITAS HEALTH INC
1222 S PATTERSON BLVD STE 150
DAYTON OH 45402-2657

Period Specified Below
07/01/2022 to 07/01/2023



www.bwc.ohio.gov
Issued by: BWC

Stephanie McCloud

Administrator/CEO

You can reproduce this certificate as needed.