Compliance Language Amendment

AMENDMENT TO Hospital Services - Laboratory and Diagnostic Imaging Services AGREEMENT

This Amendment to Hospital Services – Laboratory and Diagnostic Imaging Services Agreement by and between Laredo Texas Hospital Company, L.P. d/b/a Laredo Medical Center ("Facility") and Webb County ("Contractor") is executed as of the dates below the parties' respective signatures and is effective as of December 01, 2014.

WITNESSETH

WHEREAS, Facility and Contractor are parties to that certain Hospital Services – Laboratory and Diagnostic Imaging Services Agreement effective December 01, 2014 (the "Agreement"); and

WHEREAS, the Parties desire to amend the Agreement as set forth below

NOW THEREFORE, in consideration of the mutual covenants and agreements contained herein, the parties agree as follows:

1) The parties to this Agreement shall comply with Hospital's Code of Conduct (which includes policies and procedures related to the Anti-Kickback Statute and Stark Law), located at the following link:

http://www.laredomedical.com/laredo-medical-center/code-of-conduct-laredo.aspx.

Further, the parties to this Agreement certify that they shall not violate the Anti-Kickback Statute and/or the Stark Law with respect to the performance of the Agreement. Each party who meets the definition of Relevant Arrangements Covered Person (includes all Covered Persons involved in the negotiation, preparation, review, maintenance, and approval of all Arrangements) has completed within the past year, or will complete within a year of the date of execution of this agreement, the facilities required training regarding the Anti-Kickback Statute and the Stark Law available at:

https://oig.hhs.gov/newsroom/video/2011/heat modules.asp.

- 2) Neither this Amendment, nor any modification, renewal nor termination of the Agreement shall be effective except upon the prior electronic review and approval of a Division President of Facility's Management Company and Facility's In-house Legal Counsel.
- 3) Except as set forth above, all other terms and conditions of the Agreement shall remain in full force and effect.

CONTRACTOR:
Webb County

FACILITY:
Laredo Texas Hospital Company, L.P.
d/b/a Laredo Medical Center

By:
Name:
Name:
Title:
Date:
Date:

PACILITY:
Laredo Texas Hospital Company, L.P.
d/b/a Laredo Medical Center

By:
Date:

Date:

Date:

Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date:
Date

Effective Date.

IN WITNESS WHEREOFF, the parties have executed this Amendment to be effective on the

ATTEST:

Margie Ramirez Ibarra

Webb County Clerk



APPROVED AS TO FORM:

Marco A. Montemayor Webb County Attorney

*By law, the county attorney's office may only advise or approve contracts or legal documents on behalf of its clients. It may not advise or approve a contract or legal document on behalf of other parties. Our review of this document was conducted solely from the legal perspective of our client. Our approval of this document was offered solely for the benefit of our client. Other parties should not rely on this approval, and should seek review and approval of their own respective attorney(s).