

**AGREEMENT TO PROVIDE SERVICES AS A
TRAUMA CENTER**

In consideration of such designation as a Trauma Center for the period of _____ (date) _____ through _____ (date), _____ (hospital) agrees to:

1. Continually meet the standards and commitments established by:
 - a. State law and Orange County Trauma Center Criteria and trauma center related policies and procedures.
 - b. The hospital's application and administration and medical staff letters of commitment.
2. Allow periodic inspections by the Orange County Emergency Medical Services (OCEMS) medical director or his designee to ensure compliance with such criteria during the period of such designation, and
3. Cooperate with the OCEMS approved monitoring/evaluation/investigation process.

As a condition of designation as a Trauma Center, the County of Orange shall not be liable for any costs incurred with respect to the provision of patient care services, acquisition of equipment or personnel by reason of such designations.

I have read and understand Orange County EMS Policy/Procedure #620.00 and/or #620.01 (Adult Trauma Center and/or Pediatric Trauma Center Criteria) and the terms of this designation.

Signed: _____
Administrator

Date: _____

Signed: _____
Chief of Medical Staff

Date: _____

Signed: _____
Trauma Medical Director

Date: _____

Signed: _____
Trauma Program Manager

Date: _____

OCEMS POLICY
Original Date: 1982
Reviewed Date(s): 8/21/2000; 4/1/2015
Revised Date(s): 8/21/2000; 2/2004 (reformatted); 4/1/2015
Effective Date: 4/1/2015