Agreement Number **128927**

State of Oregon
Network and Information Systems
Access Agreement
Amendment

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This is amendment number **2** to Agreement Number **128927** ("Agreement") between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as "OHA," and

Oregon Health & Science University
Oregon Poison Center (OPC)
Debbie Goss
3181 SW Sam Jackson Park Rd, MC 104
Portland, Oregon, 97239
Phone number: 503-494-4768
Fax number: 503-494-6937
Email address: goss@ohsu.edu
Agency's home page URL: http://www.ohsu.edu/poison/index.htm

hereinafter referred to as "Contractor."

1. This Agreement shall become effective on the last date on which all parties have signed.

2. The Agreement is hereby amended as follows: language to be deleted or replaced is ~~struck through~~; new language is **bold and underlined**.

   a. Amend the Agreement Section II, entitled "Effective Date and Duration" to read as follows:

      "**II. EFFECTIVE DATE AND DURATION**
      ~~This Agreement shall become effective on March 1, 2009 date regardless of the date on which all parties have signed and shall remain effective until June 30, 2014. The parties may extend this agreement by written amendment to this~~

~~agreement.~~ **This Agreement shall become effective on the last date on which all parties have signed and shall remain perpetually effective until terminated. The parties agree to review the Agreement as necessary every 2 years. Parties agree to amend the Agreement as necessary, and terminate the Agreement and all resulting Access privileges when the Access is no longer necessary.**"

3. Except as expressly amended above, all other terms and conditions of the original Agreement and any previous amendments are still in full force and effect. The Parties certify that the representations, warranties and certifications contained in the original Agreement are true and correct as of the effective date of this Amendment and with the same effect as though made at the time of this Amendment.

4. **Signatures**
Agency, by the signature of its authorized representative, hereby acknowledges that he/she has read this Agreement, understands it, and agrees to be bound by its terms and conditions.

OREGON HEALTH & SCIENCE UNIVERSITY, OREGON POISON CENTER (OPC):

By:_____

Print Name:_____

Title:_____ Date:_____

STATE OF OREGON ACTING BY AND THROUGH ITS OREGON HEALTH AUTHORITY PURSUANT TO ORS 413.033:

By:_____

Print Name:_____

Title:_____ Date:_____