

County Request No. 334

REQUEST FOR LEGAL SERVICES

This form is used to provide legal opinions and contract approval by the District Attorney's Office. Only that advice that is related to a pending or potential claim against the County or its officers and employees is protected by the attorney-client privilege. Opinions that are privileged should not be disclosed to anyone or the privilege may be waived.

All legal opinions and approvals rendered are based only on the documentation and information stated below or attached to this form and, thus, it is important that all relevant facts and information be provided at the time of review. Please advise the District Attorney's Office of new or additional information, as it may cause the opinion to change. In all cases, the opinions of the District Attorney's Office are not binding on the County, its officers or employees and may be followed or disregarded in the discretion of the elected official.

Date of Request: 5/15/2026 Department: HR/Safety


State the nature of the legal request: _____

Please review enclosed contract for FY 26-27 with SSM St. Anthony.

RECEIVED

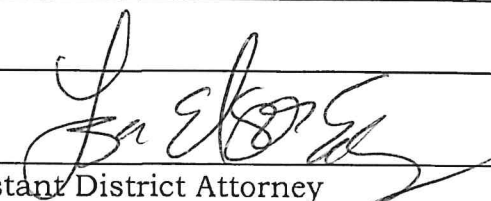
MAY 18 2026

**CIVIL DIVISION
DISTRICT ATTORNEY**


Signature

Reply of District Attorney's Office: _____

(K) reviewed
JK

Date of Reply: 5/18/2026 
Assistant District Attorney



CLIENT INFORMATION

Number of employees _____

Oklahoma County

CLIENT / COMPANY

Bradley Hermes

MEDICAL INFORMATION – Designated contact

(405) 713-1189

Phone #

(405) 713-2300

Fax # Fax secure? [] Yes, [] No

brad.hermes@oklahomacounty.org

Email Address

Grant Huddleston

MEDICAL INFORMATION – Alternate contact

(405) 713-1374

Phone #

(405) 713-2300

Fax #

320 Robert S. Kerr, Room 222 Oklahoma City, OK 73102

MEDICAL INFORMATION – Mailing address (Street/P. O. Box, City, State, Zip Code)

320 Robert S. Kerr, Room 222 Oklahoma City, OK 73102

Client / Company's PHYSICAL ADDRESS (Street, City, State, Zip Code)

Bradley Hermes

DRUG & ALCOHOL TEST RESULTS – Designated contact

(405) 713-1189

Phone #

(405) 713-2300

Fax # Fax secure? [] Yes, [] No

brad.hermes@oklahomacounty.org

Email Address

Grant Huddleston

DRUG & ALCOHOL TEST RESULTS – Alternate contact

(405) 713-1374

Phone #

(405) 713-2300

Fax #

grant.huddleston@oklahomacounty.org

Email Address

320 Robert S. Kerr, Room 222 Oklahoma City, OK 73102

DRUG & ALCOHOL TEST RESULTS – Mailing address (Street/P. O. Box, City, State, Zip Code)

Bradley Hermes

BILLING – Designated contact

(405) 713-1189

Phone #

(405) 713-2300

Fax #

320 Robert S. Kerr, Room 222 Oklahoma City, OK 73102

BILLING – Mailing address (Street/P. O. Box, City, State, Zip Code)

Consolidated Benefits Resources

Guarantor / Workers' Compensation Insurance

P O Box 1530 Tulsa, OK 74101

Guarantor – Mailing address (Street/P. O. Box, City, State, Zip Code)

Note: It is the responsibility of the employer to establish a substance abuse testing program that complies with state and federal drug testing regulations.

SERVICES

● **Physicals**

- | | |
|--|--|
| <input type="checkbox"/> Eye Exam | <input type="checkbox"/> "DOT" Physical |
| <input type="checkbox"/> Hearing Exam | <input type="checkbox"/> Respirator Physical |
| <input type="checkbox"/> Pulmonary Function Test (PFT) | <input type="checkbox"/> Lift Test |
| <input type="checkbox"/> Pre-Placement Physical | <input type="checkbox"/> Post Exposure Testing |
| <input type="checkbox"/> _____ | |

● **Injury Care**

Per Oklahoma Workers' Comp fee schedule.

● **Special Instructions:** _____

● **Substance Abuse Testing** (Applicable Guidelines: DOT, Non-DOT)

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> 5-Drug Panel (Amines, Cocaine, Marijuana, Opiates Opioids, & PCP) | <u>See attached fee schedule</u> |
| <input checked="" type="checkbox"/> 10-Drug Panel (5 + Barbiturates, Benzodiazepines, Methadone, Methaqualone & Propoxyphene) | <u>See attached fee schedule</u> |
| <input checked="" type="checkbox"/> Breath Alcohol Testing | <u>\$24.00</u> |
| <input checked="" type="checkbox"/> Urine Specimen Collections (performed at <input type="checkbox"/> SCORE, <input type="checkbox"/> POB, <input checked="" type="checkbox"/> On-Site) | <u>See attached fee schedule</u> |
| <input checked="" type="checkbox"/> Random Employee Selection Services (Employee rosters submitted in Excel spreadsheet format.) | <u>\$25.00</u> |

● **Substance Abuse Test Reporting:** Secure email

● **Medical Review Officer (MRO) Services**

Dr. Randy Morgan
6201 N. Santa Fe
Oklahoma City, OK 73118
PH# 405-272-5419
FX# 405-272-5469

Included w/testing

SSM ST. ANTHONY REPRESENTATIVE

If you have any questions or need to revise your services or contact information please call:


Chuck Robinson

chuck.robinson@ssmhealth.com

405-272-7125

SSM St. Anthony Representative

Email Address

Phone number

SSM St. Anthony North / SCORE 405-272-5419 / SSM St. Anthony Toxicology Services 405-272-7125 or 405-272-5419
SSM St. Anthony Emergency/After Hours Injury Care 405-578-3219

Client Services Agreement-Terms & Conditions
SSM St. Anthony Occupational Health & SSM St. Anthony Toxicology Services

1. **Term:** The Term of this Agreement is for a period of 1 year from **07 / 01 / 2026 to 06/30/2027**. Either party has the right to terminate this Agreement upon written notice. The cost of substance abuse testing services is not to exceed \$10,000.00.
2. **Insurance:** At all times during the term of this Agreement, CLIENT shall procure and maintain commercial general liability insurance covering itself and its employees and agents providing services pursuant to the Agreement on an occurrence basis. CLIENT shall provide to SSM ENTITY a certificate of insurance, upon request, evidencing that such coverage is in effect during the term of this Agreement. SSM ENTITY recognizes that CLIENT is a self-insured entity and acknowledges this fulfills the insurance requirements set forth in this paragraph.
3. Each party acknowledges that it shall have no responsibility to liability for errors, omissions, negligence, breach, damages, penalties, fines, attorney's fees, expert witness fees, the cost of defense, regulatory non-compliance, or intentional misconduct of the other party, its employees, or agents during the term of the Agreement.
4. **Equal Employment Opportunity.** SSM St. Anthony Hospital is an equal opportunity employer. As part of its affirmative action policies and obligations, SSM St. Anthony Hospital is subject to and will comply with the provisions governing federal contractors as set forth in 41 CFR 60-1.4(a), 41 CFR 60-741.5(a) and 41 CFR 60-250.5(a), and these regulations are hereby incorporated into this contract by reference.
5. **HIPAA.** All medical information and data concerning specific patients (including, but not limited to, the identity of the patients), derived from the business relationship set forth in this Agreement, shall be treated and maintained in a confidential manner by all parties to this Agreement and their employees and agents and shall not be released, disclosed, or published to any party other than as required or permitted under applicable laws. All parties to this Agreement shall comply with all applicable state and federal laws and regulations regarding confidentiality of patient records, including but not limited to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Privacy Standards (45 C.F.R. Parts 160 and 164), the Standards for Electronic Transactions (45 C.F.R. Parts 160 and 162) and the Security Standards (45 C.F.R. Part 162) (collectively, the "Standards") promulgated or to be promulgated by the Secretary of Health and Human Services on and after the applicable effective dates specified in the Standards. Each party specifically agrees to sign any additional agreement(s) which the other party is mandated by HIPAA to enter into with contractors who have access to protected health information.

WORKSHEET REVIEWED BY CLIENT (Please review pages 1-3.)

Your signature indicates that you have reviewed and approved this Client Services Worksheet. Signing does not obligate your company/entity to utilize the services of SSM St. Anthony North SCORE / SSM St. Anthony Substance Abuse Testing Services.

Authorized Contact Name (Print)

Signature

Date Reviewed

St. Anthony Toxicology Services
Supplemental Fee Schedule

Oklahoma County

320 Robert S. Kerr, Room 222

Oklahoma City, OK 73102

ATTN: Karen Kint

PH# 405-713-2194

Prepared May 12, 2026

Service Description

Price

Five (5) Drug DOT Panel	\$36.00
Amines, Cocaine, Marijuana, Opioids, and PCP Includes specimen collection performed at Physicians' Office Building or St. Anthony North/SCORE Occupational Medicine during normal business hours, analysis, Medical Review Officer services, and encrypted reporting.	
Five (5) Drug DOT Panel - On-Site	\$42.00
Amines, Cocaine, Marijuana, Opioids, and PCP Includes scheduled on-site specimen collection for groups of 7 or more, analysis, Medical Review Officer services, and encrypted reporting.	
Ten (10) Drug "Non-DOT" Panel	\$47.50
Amines, Barbiturates, Benzodiazepines, Cocaine, Marijuana, Methadone, Methaqualone, MDA-Analogues, Opioids, 6-Acetylmorphine, Oxycodones, PCP, and Propoxyphene Includes specimen collection performed at Physicians' Office Building or St. Anthony North/SCORE Occupational Medicine during normal business hours, analysis, Medical Review Officer services, and encrypted reporting.	
Ten (10) Drug "Non-DOT" Panel – On-Site	\$53.50
Amines, Barbiturates, Benzodiazepines, Cocaine, Marijuana, Methadone, Methaqualone, MDA-Analogues, Opioids, 6-Acetylmorphine, Oxycodones, PCP, and Propoxyphene Includes scheduled on-site specimen collection for groups of 7 or more, analysis, Medical Review Officer services, and encrypted reporting.	
Oklahoma County Facilities/On-site Testing sites	
320 Robert S. Kerr Oklahoma City, OK 73102	
7105 S. Anderson Rd Oklahoma City, OK 73150	
7321 NE 23rd Street Oklahoma City, OK 73141	
11500 N. Hudson Ave Oklahoma City, OK 73114	
5905 N. Classen Ct, #201 Oklahoma City, OK 73118	
2101 NE 36th Street Oklahoma City, OK 73111	
8029 SE 29th Street Midwest City, OK 73110	
Scheduled On-Site Specimen Collection Fee (for groups < 7)	\$7.00/Specimen
An additional \$7 fee per specimen if group size is less than seven donors: DOT on-sites < 7: \$49.00. 10-drug on-site < 7: \$60.50.	
After-hours Emergency Specimen Collection/Breath Alcohol Technician Call-in Fee	\$100.00
At St. Anthony Hospital main laboratory, 3 rd Floor St. Anthony Hospital Instruction for handling after-hours events is available.	
Random Selection List Generation	\$25.00
Detailed instructions are available for submitting employee rosters.	

For more information please contact:

Chuck Robinson, St. Anthony Toxicology Services
6201 N. Santa Fe, Suite 2000 Oklahoma City, OK 73118
chuck.robinson@ssmhealth.com, PH # 405-272-7125

Bill To OKLAHOMA COUNTY - HR & SAFETY 320 ROBERT S. KERR SUITE 222 OKLAHOMA CITY, OK 73102	Requisition 12700065-00 FY 2027 Acct No: UNDEFINED ACCOUNT. Review: Buyer: 6065hr\lauwil Status: Created
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Vendor SSM HEALTHCARE OF OKLAHOMA, INC 6201 N SANTA FE SUITE 2000 OKLAHOMA CITY, OK 73118-7532	Ship To OKLAHOMA COUNTY - HR & SAFETY 320 ROBERT S. KERR SUITE 222 OKLAHOMA CITY, OK 73102
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Deliver To
 OKLAHOMA COUNTY - HR & SAFETY
 320 ROBERT S. KERR
 SUITE 222
 OKLAHOMA CITY, OK 73102

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
05/18/26	002073				BOCC HR/Health & Safety

LN Description / Account	Qty	Unit Price	Net Price
001 FY27 SSM drug and alcohol testing Blanket 26-27	10000.00 EACH	1.00000	10000.00

Ship To
 OKLAHOMA COUNTY - HR & SAFETY
 320 ROBERT S. KERR
 SUITE 222
 OKLAHOMA CITY, OK 73102

Deliver To
 OKLAHOMA COUNTY - HR & SAFETY
 320 ROBERT S. KERR
 SUITE 222
 OKLAHOMA CITY, OK 73102

[Requisition Link](#)

Requisition Total 10000.00

***** General Ledger Summary Section *****
 Account Amount Remaining Budget