

**EXHIBIT "E"**  
**GENERAL OFFER OF PRIVACY TERMS**

**1. Offer of Terms**

Provider offers the same privacy protections found in this DPA between it and Wabash CUSD #348 ("Originating LEA") which is dated \_\_\_\_\_, to any other LEA ("Subscribing LEA") who accepts this General Offer of Privacy Terms ("General Offer") through its signature below. This General Offer shall extend only to privacy protections, and Provider's signature shall not necessarily bind Provider to other terms, such as price, term, or schedule of services, or to any other provision not addressed in this DPA. The Provider and the Subscribing LEA may also agree to change the data provided by Subscribing LEA to the Provider to suit the unique needs of the Subscribing LEA. The Provider may withdraw the General Offer in the event of: (1) a material change in the applicable privacy statues; (2) a material change in the services and products listed in the originating Service Agreement; or three (3) years after the date of Provider's signature to this Form. Subscribing LEAs should send the signed Exhibit "E" to Provider at the following email address: bjohnson@tameshrs.com.

**PROVIDER:** Health Resource Service Management, Inc. (TAMES)

BY:  Date: 06/10/2021

Printed Name: Branden Johnson Title/Position: Assistant Director

**2. Subscribing LEA**

A Subscribing LEA, by signing a separate Service Agreement with Provider, and by its signature below, accepts the General Offer of Privacy Terms. The Subscribing LEA and the Provider shall therefore be bound by the same terms of this DPA for the term of the DPA between the Wabash CUSD #348 and Health Resource Service Management, Inc. (TAMES)

**\*\*PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE TO PROVIDER PURSUANT TO ARTICLE VII, SECTION 5. \*\***

**Subscribing LEA:**

By: Tara Lawrence Date: 2024-07-22  
Printed Name: Tara Lawrence Title: Assistant Superintendent

SCHOOL DISTRICT NAME: Calumet City School District 155

DESIGNATED REPRESENTATIVE OF LEA:

Name: Tara Lawrence

Title: Assistant Superintendent

Address: 540 Superior Avenue

Phone: 7088627665

Email: tlawrence@calumetcity155.org