

**EXHIBIT "E"**

**GENERAL OFFER OF PRIVACY TERMS**

**1. Offer of Terms**

Business Associate offers the same privacy protections found in this DPA between it and the LEA to any other school district ("Subscribing LEA") who accepts this General Offer through its signature below. The Business Associate agrees that the information on the next page will be replaced throughout the Agreement with the information specific to the Subscribing LEA filled on the next page for the Subscribing LEA. This General Offer shall extend only to privacy protections and Business Associate's signature shall not necessarily bind Business Associate to other terms, such as price, term, or schedule of services, or to any other provision not addressed in this DPA. The Business Associate and the Subscribing LEA may also agree to change the data provided by LEA to the Business Associate to suit the unique needs of the Subscribing LEA. The Business Associate may withdraw the General Offer in the event of: (1) a material change in the applicable privacy statutes; (2) a material change in the services and products subject listed in the Originating Service Agreement; or three (3) years after the date of Business Associate's signature to this Form. Business Associate shall notify the LEA in the event of any withdrawal so that this information may be transmitted to the Subscribing LEAs.

NEW ENGLAND MEDICAL BILLING

BY: Nancy Dolg Date: 11/28/18  
Printed Name: Nancy Dolg Title/Position: President

**2. Subscribing LEA**

A Subscribing LEA, by signing a separate Service Agreement with Business Associate, and by its signature below, accepts the General Offer of Privacy Terms. The Subscribing LEA's individual information is contained below. The Subscribing LEA and the Business Associate shall therefore be bound by the same terms of this DPA.

BY: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

SCHOOL DISTRICT NAME: \_\_\_\_\_

DESIGNATED REPRESENTATIVE OF LEA:

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email \_\_\_\_\_

COUNTY OF LEA: \_\_\_\_\_