EX 07-16

HAWAII HEALTH SYSTEMS CORPORATION NOTICE OF AND REQUEST FOR EXEMPTION FROM CHAPTER 103D, HRS

1. TO:

Chief Procurement Officer

2. FROM: Maui Memorial Medical Center

Department/Division/Agency

Pursuant to §103D-102(b)(4), HRS, and Chapter 3-120, HAR, the Department requests a procurement exemption to purchase the following:

3. Description of goods, services or construction:

Brian Nakamoto, a sole proprietor, is a CT Technologist employed at Kaiser Permanente who shall provide CT back-up Imaging Services at it's Wailuku Clinic on an emergency basis only during periods when MMMC's CT the current equipment is inoperable.

4. Name of Vendor: Brian Nakamoto		5. Price:
		\$50,000
Address:	138 Kealohilani Street	
	Kahului, Hawaii 96732	
	A total of two years.	7. Prior Exemption Ref.
nave and the second	One-year term from	No.
6. Term of	contract execution, with To:	
Contract:	one year option to renew.	
	From:	

8. Explanation describing how procurement by competitive means is either not practicable or advantageous to the State:

The vendor, Brian Nakamoto, is one of two possible individuals who can provide CT Technician services when the MMMC CT unit is unavailable or inoperable. The vendor must be a Kaiser employed CT Technologist, and have access to the Kaiser Permanente Wailuku Clinic facilities to qualify as an on-call

9. Details of the process or procedures to be followed in selecting the vendor to ensure maximum fair and open competition a practicable:

The vendor must be employed and in good standing with Kaiser Permanente Wailuku Clinic. The term of the exemption will be for a two (2) year period. The hospital will re-evalaute services in the community and other possibilities to determine if any other vendor could provide such services, and based on available information and research the best procurement practice will be completed

procurement:		rements for the exempted
procurement.		(1.1)
This exemption sh	all be from HRS, Section 103-302 all other gu	idelines, rules and policies under
Chapter 103D shal	I be upheld. HHSC Polices and procedures will	If be followed and periodic reviews
of contract action v	will be completed.	
	sonnel, by position, who will be involved in th	e approval process and
11. A list of agency per	sonner, by position, who will be involved in it	ic approvar process und
administration of the c	Position	Involvement in Process
Name	Regional Chief Executive Officer	X Approval Administration
Wesley Lo	Regional Chief Financial Officer	Approval X Administration
Pat Saka	Director of Imaging	Approval X Administration
Pat Kramer	Director of imaging	Approval Administration
***************************************		Approval Administration
A1500		Approval Administration
	Destruct Manager	ApprovarAdministration
	Department: Contract Manager Contact Name: Andrew Alvarez	
12. Direct inquiries to:	Phone Number: 808-242-5212	
•	Fax Number: 808-442-5462	
	Fax Number, 800-442-5402	
Agency shall	ensure adherence to applicable administrative	and statutory requirements
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13. I certify that the inj	formation provided above is, to the best of my	knowledge, true and correct.
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de L	i.	knowledge, true and correct.
13. I certify that the ing	PANTICK SANCA) Date	dirlor
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Department Head (Print:	PANICK SAVA) Date Reserved for CPO/Delegee Use Only 14 .Date	Notice Posted 4-19-07
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