**MEMORANDUM OF UNDERSTANDING FOR REFERRALS**

This memorandum of understanding (MOU) identifies the terms of the referral collaboration between *[Title X Provider]* and *[Community Medical Services Provider/Social Services Organization].*

**PURPOSE**

This MOU serves as a mechanism to formalize the relationship between partner agencies with the common goal of optimizing health care delivery and the overall well-being of a shared target population. It is intended to facilitate inter-agency collaboration, communication, coordination of services, and continuity of care.

**DESCRIPTION OF AGENCIES**

*[Name of Title X Provider]* is a Title X agency prioritizing the needs of low-income families and uninsured people who might not otherwise have access to reproductive health care services.  We offer the following family planning services: contraceptive services for women and men who want to prevent pregnancy and space births, pregnancy testing and counseling, help for clients who wish to achieve pregnancy, basic infertility services, sexually transmitted disease services and preconception health services to improve the health of women, men, and infants. These services are provided to low-income and uninsured individuals at reduced or no cost.

*[Name of Community Medical Services Provider/Social Services Organization]*

*[Description of Services]*

**GENERAL PROVISIONS**

Each agency agrees to:

1. Ensure all reasonable efforts to accommodate referrals from one another for services within their respective scopes of practice.
2. Provide any necessary medical information regarding clients to facilitate referral services.
3. Accept phone consultations between referring agencies, as needed, to discuss referral and any follow-up recommendations for the referring agency.
4. Assume responsibility for billing clients and/or third party payers for any services provided.
5. Periodically assess the effectiveness of referrals and act upon opportunities to improve them.

**CONFIDENTIALITY**

Each agency will ensure client confidentiality. Information obtained by the agency’s staff about an individual receiving services may not be disclosed without the individual’s documented consent, except as required by law or as may be necessary to provide services to the individual, with appropriate safeguards for confidentiality.

**UPDATES**

This MOU can be updated or modified with the agreement of both parties at any time.

**DURATION**

This MOU shall become effective upon signature by a designated official from each agency and is renewable from year to year, unless either agency gives notice of intent to withdraw from the agreement.

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***[Title X Provider] [Medical/Social Services Organization]***

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***[Director’s Name] [Director’s Name]***

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**Signature Date    Signature     Date**