Here are some General Guidelines for what to include in a **Memorandum of Understanding** between primary care and substance use disorder treatment providers.  Each MOU will be somewhat unique and specific to the agreement between the two parties:

* Name the parties that will be related through the MOU including contact people/designated agent at each provider.
* Specify the type of client that the MOU will cover.
* Specify the referral protocol for each party.
* Specify the role and responsibility of each party to the MOU, who will do what, etc.
* Define the communication guidelines including how issues will be resolved.
* Define the term of the MOU (usually one year) and the termination date.
* Both parties should Date and Sign the MOU.
* It’s a good idea for both parties to revisit the MOU annually to make any necessary changes and reconfirm collaboration.
* A Release of Information that complies with 42 CFR Part 2, signed by the client is a must in order to share Protected Health Information.
* Agencies must get legal advice as needed.
* It is a good idea for the agencies to develop policy and procedures that implement the MOU and the necessary staff training to execute it.

See BELOW for a general template of an MOU.

Letter Head

MEMORANDUM OF UNDERSTANDING

For Clinical Services

Between

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Substance Abuse Treatment Agency

And

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Practice

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Substance Abuse Treatment Agency Primary Care Practice

hereby agree to establish a collaborative working relationship for the purpose of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The intent of this Memorandum of Understanding is to:

1. Refer clients who…
2. Accept referrals….
3. Ensure access to…
4. Provide Medication Assisted Treatment…
5. When feasible, provide informal case consultation…
6. Share clinical information through a (joint) Release of Information (as permitted by state and Federal law)…

Designated Agents for each party:

Protocol for Referrals:

Primary Care Practice will…

Substance Abuse Treatment Agency will…

Timely Access:

Communication Guidelines:

Term and Termination: e.g., The Term of this MOU shall be effective as of Jan 1, 2017 and continue for one year unless terminated by either party upon 30 days written notice.

The parties have executed this Memorandum of Understanding as of the date written above to indicate their acceptance of its terms.

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Sign Date Sign Date