Memorandum of Understanding

This Memorandum of Understanding (hereinafter referred to as MOU) is between <u>Clinical Partner X</u> and <u>Community Partner Y</u>. Whereas, both parties are committed to the awareness, promotion, and prevention of diabetes in XXX.

It is understood in this agreement that $\underline{\text{Clinical Partner X}}$ agrees to the following:

- To work with Community Partner Y in its efforts to provide diabetes management and diabetes prevention services.
- Raise awareness to support Community Partner Y activities related to the services being offered.
- Join efforts with Community Partner Y to promote the Diabetes Self-Management Program (DSMP, and CDC's Diabetes Prevention Program (DPP)
- to providers, high risk population, and healthcare insurance payers.
- Entity will refer patients with diabetes/prediabetes to DSMP or DPP.
- Designate a liaison to the Community Partner Y who will serve as the contact person for the coordination of case management, referrals, and advocacy.

Community Partner Y, under this agreement, will do the following:

- To host and facilitate Diabetes Self-Management Program (DSMP), and CDC's Diabetes Prevention Program (DPP)
- Be a neutral partner to raise awareness and support community partner.
- Operate with integrity.
- Will receive referrals from Clinical Partner X and be responsible for enrolling those referrals and sending a status update for each referral.
- Designate a liaison to the Clinical Partner X who will serve as the contact person for the coordination of case management, referrals, and advocacy.
- Entity agrees to comply with all HIPPA requirements with respect to the PHI and shall treat such information as confidential.

Clinical Agency	
Clinical Agency Contact Information; address, phone, email	Date
Community Organization	
 Community Organization Contact Information; address, phone, email	 Date