Your Agency Name

Clear Form

APPENDIX A: AGREEMENTS AND UNDERSTANDINGS

List on this page and insert copies on following pages, and include annual update mutual agreements, memorandum of understanding, or any other understandings entered into between the home health agency and any local, state, and county entities, or health care entities, and service providers that have responsibility during a disaster. This includes current agreements needed to ensure the operational integrity of the plan.

MUTUAL AID AGREEMENT OR STATEMENT OF UNDERSTANDING UNDER EMERGENCY SITUATIONS

This agreement is made in good faith between Your Agency Name and Type here the name of the Backup Agency (name of agency).

Mutually agree as follows:

• That Type here the name of the Backup Agency health facility will act in cooperation with our agency in relation to patient services under emergency situations (such as hurricanes, tornadoes, floods, etc.)

• The health facility shall serve our patients' needs if our employees are unable to do so due to closure of our office for emergency situations or inability to reach the patients because of said incident.

• The Type here the name of the Backup Agency (name of agency) shall return to our agency the clients/patients transferred to them under emergency situations when our facility is fully operational, after normal operational hours are re-established, and our employees are able to provide physician, insurance ordered patient's care.

• The Patient's information will be used only for the purposes for which it was engaged by the service provided, will safeguard the information for misuse, and will help the agency comply with some of the Agency's duties under the HIPPA Privacy Rule. All records information will be maintained as "Confidential"

Signed by: _____
Administrator

Print Name: Administrator Name

Name of Agency: Your Agency Name

Contact Number: Your Agency ph number

Date: _____

Signed by: _____
Administrator

Print Name: Backup Agency Administrator Name

Name of Agency: Type here the name of the Backup Agency

Contact Number: Backup Agency ph number

Address: Backup Agency Address
Address cont'd

Date: _____