

CAPITAL REGION MATERNAL ASSISTANCE PROGRAM
HOLY SPIRIT HOSPITAL
BEHAVIORAL HEALTH CENTER
503 North 21st Street
Camp Hill, PA 17011

LETTER OF AGREEMENT


To facilitate continuity of care and timely transfer of patient information, the CAPITAL REGION MATERNAL ASSISTANCE PROGRAM and Nurse-Family Partnership agree to the following:

1. The Capital Region Maternal Assistance Program (MAP) will provide Case Management services to clients at no fee to the client.
2. Referrals will be taken during the regular office hours of 8:30 AM to 5:00 PM Monday through Friday.
3. All chemically dependent women must meet MAP's admission criteria and will be discharged according to MAP's discharge criteria.
4. MAP will attempt to contact the client within 48 hours of the referral.
5. The client shall agree to the referral and Case Management will begin at the time of the initial face to face contact. Case Management includes referrals to drug and alcohol treatment as well as linkages with other human service agencies.
6. Each facility shall have the right to contract with any other drug and alcohol facility.
7. Nothing in this agreement shall in any way affect the independent operation of either facility, nor allow the use of the name of the other in any form of publicity or advertising without prior approval.
8. The facility referring the client shall make prior arrangements and will forward mutually agreed upon information, clinical, medical and administrative data at the time of transfer in order to assure continuity of care.
9. To comply with the State, Federal and JCAHO standards regarding confidentiality of patient information, consent forms must be signed by the client prior to the transfer of medical records and prior to disclosure of this information to additional sources outside either facility.
10. MAP and the referring facility will notify one another of the client's compliance, status in treatment and completion of treatment when requested. This includes information required by state agencies regarding maternal-fetal outcomes.

This agreement shall remain in effect for two (2) years from date of signature unless terminated by either facility upon thirty (30) days written notice. It may be modified or amended as necessary by mutual agreement of the parties. Any such modifications or amendments shall be attached to and become part of this agreement.


Steve Bucciferro, BHC Director

6/30/14
Date


Agency Representative

7/7/14
Date