

REFERRAL AGREEMENT BETWEEN

XXXXXXXXXXXXXXXXXX

AND

XXXXXXXXXXXXXXXXXX

I. The purpose of this agreement is to facilitate efficient and effective referrals between the above named agencies/providers. This agreement serves as articulation of the arrangement for referral management, exchange of information, and timeliness and content of response from the referral sending agency and the referral receiving agency or provider.

II. **[Insert Referral Receiving Agency/Provider Here]** agrees to:

- a. Accept referrals for any health center patient regardless of the ability to pay.
- b. Accept referrals in a timely manner when established referral criteria are met.
- c. Provide feedback on client status, progress, prognosis, medications prescribed and follow-up arrangements, as applicable, to the **[Insert Referral Sending Agency/Provider Here]** within **XXX** calendar days of each patient encounter. This exchange of information may be sent via mail, secure fax or email, electronic health record, etc. Assure patients seen are referred back to the health center and notification is made of this transition.
- d. Assure that eligibility for treatment shall not be limited solely on the basis of race, religion, color, national origin, age, height, weight, sex/sexual orientation, physical disability, marital status, political affiliation, insured status, or financial status.
- e. Provide a sliding fee or discounted payment program for patients that are at or below 200% of the prevailing Federal Poverty Level (FPL) and assures patients at or below 100% of the FPL guidelines receive no charge or only a nominal charge for services.
- f. Abide by the respective confidentiality regulations and procedures that pertain to the respective agencies/providers.
- g. Assure provider(s) are appropriately licensed, certified, or registered through a credentialing process in accordance with applicable federal, state, and local laws; and competent and fit to perform the referred service, as assessed through a privileging process.
- h. Adhere to all established performance monitoring reports/indicators as specifically outlined in Section IV of this agreement.
- i. Review and/or renew this agreement every two (2) years minimally, or as needed should major changes be requested by either party prior to the two year renewal expiration.

III. **[Insert Referral Sending Agency/Provider Here]** agrees to:

- a. Provide appropriate and complete information with the referral. This includes but may not be limited to, pertinent demographic clinical findings and relevant clinical data such as lab/test results or procedures, the current treatment/care plan, the required timing, the referral purpose and reason, and evaluation details.
- b. Schedule appointment for patient with when requested by **[Insert Referral Receiving Agency/Provider Here]**.
- c. Abide by the respective confidentiality regulations and procedures that pertain to the respective agencies/providers
- d. Review and/or renew this agreement every two (2) years minimally, or as needed should major changes be requested by either party prior to the two year renewal expiration.
- e. Track referrals for completion and needed follow-up.

IV. Performance Monitoring

1. All referrals are monitored by the health center in compliance with internal referral/services tracking operating procedures. Timeliness reports are reported to the referral receiving agency/provider and to the health center quality improvement/assurance committee at least semi-annually.
2. Add others as needed.

V. Service Provision

To facilitate appropriate referral of patients so as to assist is accessing services as efficiently as possible, it is understood that the following services (not necessarily all inclusive) are provided by each agency/provider

[Insert Referral Receiving Agency/Provider Here] services provided:

1. Insert the type of services here
- 2.
- 3.

[Insert Referral Sending Agency/Provider Here] services provided:

1. Primary Care Medical Services
2. Insert others, if needed.
- 3.

[Insert Referral Sending Agency/Provider Here]

[Insert Referral Receiving Agency/Provider Here]

Signature

Signature

Print Name

Print Name

Title

Title

Date

Date