



ATTACHMENT E: SAMPLE MEMORANDUM OF UNDERSTANDING

[INSERT Grantee Name]

And

[INSERT Screening/Treatment Partner]

Purpose: Throughout the Chicagoland Affiliate of Susan G. Komen for the Cure® 5 county service area, medically underserved communities face barriers to breast cancer screening services which can provide early detection of the disease when it is more treatable and less likely to have spread to other regions. Culturally and linguistically appropriate educational services are a crucial component of informing women of the importance of annual screening and in turn providing them a referral to a screening facility that can offer them appropriate services.

Background: [INSERT Grantee Name] and [INSERT Screening/Treatment Partner] agree to collaborate to ensure that medically underserved women in [INSERT the region(s) covered by applicant] are provided the education and knowledge about the importance of early detection of breast cancer and, following this, the appropriate medical screening services and, if needed, diagnostic services. It is imperative that women who are provided this education are linked with a screening provider that is able to provide appropriate services and provide follow up to [INSERT Grantee Name] on the number of women screened and those that require follow up care or services. Specific objectives of the collaboration are (EXAMPLES):

Objective 1: Establish a tracking mechanism for [INSERT Grantee Name] to provide to [INSERT Screening/Treatment Partner] with pertinent information on patients that were referred for screening through education and outreach activities

Objective 2: Follow up with all patients referred for screening to ensure they schedule a screening appointment

Objective 3: Provide appropriate screening services to women referred and follow up services to those with abnormal findings

Objective 4: Create a reporting structure where [INSERT Screening/Treatment Partner] will inform [INSERT Grantee Name] of the number of referred woman who were provided screening services and those that require follow up care

Objective 5: Provide appropriate screening or diagnostic services to a Women's Wellness Connection provider [INSERT Screening/Treatment Partner] if a woman is eligible to receive services under this program.



Specific Responsibilities:

- Both parties will respect patient privacy according to HIPAA regulations in their reporting mechanisms.
- Both parties will provide culturally and linguistically appropriate services to patients served.

[INSERT Grantee Name]:

- Provide XXX patients with a referral to screening services at [INSERT Screening/Treatment Partner]
- Create a [weekly] report for [INSERT Screening/Treatment Partner] with the appropriate contact information on the women who were referred for screening
- Follow up via phone, email, or mail with patients referred for screening to ensure they schedule and attend their screening session
- Receive weekly report from [INSERT Screening/Treatment Partner] regarding, the outcome of screening, and whether any patients require follow up services

[INSERT Screening/Treatment Partner]:

- Receive [weekly] report from [INSERT Grantee Name] with the appropriate contact information on women who were referred for screening
- Provide appropriate screening services to referred patients including Clinical Breast Exams, Mammograms, and diagnostic procedures
- Create a weekly report for [INSERT Grantee Name] with appropriate contact information on patients that received screening, including the outcome, and any follow up services recommended
- Work with [INSERT Grantee Name] to follow up with patients in need of additional services and schedule appropriate appointments

Terms of Understanding:

- Key Personnel:** Each organization shall identify one key contact to represent their organization in this collaboration
- Period of Effectiveness:** This MOU shall expire March, 31 2015.
- Provisions for Review and Change:** This Memorandum of Understanding may be revised by approval of all parties and may be terminated by a 60-day advance notification from any party.

 NAME
 TITLE
 Grantee Name

 NAME
 TITLE
 Screening/Treatment Partner