AGENCY LETTERHEAD

Linkage Agreement
Between
Testing Agency Name and Address
And
Referral Agency Name and Address

Purpose of Linkage Agreement: The purpose of this linkage agreement is to acknowledge the collaborative relationship that exists between, and outline the cooperative efforts of, the above-named agencies to coordinate and integrate services and care for individuals who have a reactive rapid hepatitis C antibody test results and HCV RNA positive test results. Staff of both agencies will document services provided and conduct follow-up as necessary, provided appropriate confidentiality releases are obtained.

Under the terms of this agreement, Testing Agency agrees to:

1. Refer clients who have a reactive rapid hepatitis C antibody test result and positive HCV RNA (diagnostic test) result to Referral Agency.
2. Contact Referral Agency to coordinate appointments for clients with reactive rapid hepatitis C antibody test results and positive HCV RNA test results.
3. Obtain client’s signed consent agreement to release confidential information to provide Referral Agency with a copy of the referred client’s reactive rapid hepatitis C antibody test result and positive HCV RNA test result.

Under the terms of this agreement, Referral Agency agrees to:

1. Accept referrals to conduct further medical evaluation for clients with positive HCV RNA test results from Testing Agency.
2. Provide medical evaluation and linkage to specialized HCV care based on HCV RNA diagnostic test results as needed and appropriate.
3. Per the client’s signed consent, disclose to Testing Agency whether client attended medical appointment.

General Terms

Both agencies agree to secure appropriate authorization for Release of Information from clients prior to sharing client-identifying information.

Neither party will hold the other financially responsible for services provided as a result of the agreement.

This agreement will remain in effect until terminated by one or both parties via a written 30 day notice.

Responsibility for coordination of this agreement shall be the parties signed below or his/her designee.

_______________________________________  _________________________
Testing Agency Signature/Title  Date

_______________________________________  _________________________
Referral Agency Signature/Title  Date

Sample Linkage Agreement for Offering HCV RNA Testing