Agency: Your Agency Name

APPENDIX A: AGREEMENTS AND UNDERSTANDINGS

List on this page and insert copies on the following pages. Include annually updated mutual aid agreements, memoranda of understanding, and any other understandings between the home health agency and local, state, or county entities, health care entities, and service providers that have responsibilities during a disaster, including current agreements needed to ensure the operational integrity of this plan.

MUTUAL AID AGREEMENT OR STATEMENT OF UNDERSTANDING UNDER EMERGENCY SITUATIONS

This agreement is made in good faith between Your Agency Name

and Backup Agency Name (name of agency).

Mutually agree as follows:

- That Backup Agency Name will act in cooperation with our agency in relation to patient services under emergency situations (such as hurricanes, tornadoes, floods, etc.).
- The backup provider shall serve our patients' needs if our staff are unable to do so because our office is closed due to an emergency, or because the incident prevents staff from reaching the patients.
- The Backup Agency Name (name of agency) shall return to our agency the clients/patients transferred under emergency situations once our agency is fully operational, normal operating hours are re-established, and our staff are able to provide the physician- and insurance-ordered patient care.
- Patient information will be used only for the purpose for which it was provided. The receiving provider will safeguard it from misuse and will help our agency comply with its duties under the HIPAA Privacy Rule. All record information will be maintained as "Confidential."
- This agreement expires one (1) year after it is signed and will be renewed every year.

AGENCY	BACKUP AGENCY
Signed by: _____ *Administrator*	**Signed by:** _____ *Administrator*
Print Name: _____	**Print Name:** _____
Name of Agency: Your Agency Name	**Name of Agency:** Backup Agency Name
Contact Number: _____	**Contact Number:** _____
	Address: _____
Date: _____	**Date:** _____