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 are infected with the hepatitis C virus (HCV) or have reactive/positive rapid HCV antibody 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:

- Refer clients who have a reactive/positive rapid hepatitis C antibody test and/or a detectable HCV RNA test to <u>REFERRAL AGENCY</u> for HCV diagnostic testing (HCV RNA) and/or HCV medical evaluation and treatment assessment.
- 2. Contact <u>REFERRAL AGENCY</u> to coordinate appointments for clients with a reactive/positive hepatitis C rapid antibody test result and/or a detectable HCV RNA test.
- 3. Obtain client's signed consent agreement to release confidential information to provide <u>REFERRAL AGENCY</u> with a copy of the referred client's HCV test results.

UNDER THE TERMS OF THIS AGREEMENT, REFERRAL AGENCY AGREES TO:

- Accept referrals to conduct HCV diagnostic testing for clients with reactive/positive rapid hepatitis C antibody
 test and/or HCV medical evaluation and treatment assessment for clients with a detectable HCV RNA test from
 TESTING AGENCY.
- 2. Contact <u>TESTING AGENCY</u> to verify client's receipt of HCV diagnostic testing and/or HCV medical evaluation and treatment assessment.
- 3. Provide HCV medical evaluation and linkage to specialized HCV care based on HCV diagnostic test result and as needed and appropriate.

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 gareement shall be the parties signed below or his/her designee.

	se the parties agreed seren er
TESTING AGENCY SIGNATURE/TITLE	DATE
REFERRAL AGENCY SIGNATURE/TITLE	