

# 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 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/positive rapid hepatitis C antibody test to REFERRAL AGENCY for HCV diagnostic testing (HCV RNA).
2. Contact REFERRAL AGENCY to coordinate appointments for clients with a reactive/positive hepatitis C rapid antibody test result.
3. Obtain client's signed consent agreement to release confidential information in order to provide REFERRAL AGENCY with a copy of the referred client's HCV rapid reactive test result.

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

1. Accept referrals to conduct HCV diagnostic testing for clients with reactive/positive rapid hepatitis C antibody test from TESTING AGENCY.
2. Contact TESTING AGENCY to verify client's receipt of HCV diagnostic testing.
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 agreement shall be the parties signed below or his/her designee.*

\_\_\_\_\_  
TESTING AGENCY SIGNATURE/TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
REFERRAL AGENCY SIGNATURE/TITLE

\_\_\_\_\_  
DATE