

**MEMORANDUM OF UNDERSTANDING**

**Health Plus Indiana**

**And**

**Wabash County Health Department**

**Purpose**

This Memorandum of Understanding (MOU) establishes a collaborative partnership between Health Plus Indiana (HPI) and the Wabash County Health Department to enhance outreach efforts for HIV/HepC education, counseling, and testing services. This collaboration aims to increase access to these critical services for individuals at high risk and to promote overall public health in Indiana.

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**Responsibilities of Health Plus Indiana**

Health Plus Indiana agrees to:

1. **Provide Accurate Education:** Deliver evidence-based HIV/AIDS education to the community.
  2. **Testing Services:** Offer free HIV and Hepatitis C testing.
  3. **Counseling:** Provide pre-test and/or post-test counseling for individuals identified with risk behaviors.
  4. **Service Scheduling:** Adhere to agreed-upon schedules for service delivery.
  5. **Confidentiality:** Ensure the confidentiality of all client information and test results.
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**Responsibilities of Wabash County Health Department**

The Wabash County Health Department agrees to:

1. **Confidential Testing Space:** Provide a secure and confidential environment for testing.

2. **Service Scheduling:** Adhere to agreed-upon schedules for service delivery.
  3. **Referrals:** Refer individuals at high risk to HPI for HIV, Syphilis, and Hepatitis C testing.
  4. **Confidentiality:** Maintain strict confidentiality of all client information and test results.
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### **Joint Responsibilities**

Both agencies agree to:

1. **Compliance with HIPAA:** Adhere to all requirements set forth by the Health Insurance Portability and Accountability Act (HIPAA) and ensure the protection of client confidentiality.
  2. **Communication and Cooperation:** Foster open communication and cooperation between the management and staff of both agencies to ensure the success of the partnership.
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### **Duration**

This MOU will be effective for a period of two years from the date of signing. Both parties will review the MOU at the end of this period to determine if the partnership should be renewed or updated based on its success.

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### **Termination**

Either party may terminate this MOU, in whole or in part, with or without cause, by providing thirty (30) days' written notice to the other party.

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### **Indemnification**

Health Plus Indiana will hold harmless and indemnify Wabash County and the Wabash County Health Department, together with their respective elected officials, officers, employees, agents, contractors, and volunteers, against any loss or damage, including all costs, expenses and attorneys' fees, caused by the negligent, reckless, intentional, or deliberately indifferent conduct of Health Plus Indiana or its directors, officers, employees,

agents, contractors, and volunteers arising out of or in connection with the services and/or environment provided under this MOU.

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**Signatures**

By signing below, the representatives of Health Plus Indiana and the Wabash County Health Department agree to the terms outlined in this Memorandum of Understanding.

**For Health Plus Indiana**

Name: Bernice Fordjour

Title: Director of Outreach Services

Signature: Bernice Fordjour

Date: 8/19/2024

**For Wabash County Health Department**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: 9-3-24

*Jeff D. Dawes*