

Memorandum of Understanding Between

The [REDACTED] at [REDACTED]

and

The [REDACTED] Hospital [REDACTED]

Purpose: This Memorandum of Understanding ("MOU") is intended to facilitate best practices for continuity of care of [REDACTED] students (hereinafter "Student(s)") with psychiatric needs is between [REDACTED]-Behavioral Health, the [REDACTED] Counseling Center ("Counseling Center"), and the [REDACTED] Student Health Center ("Student Health Center").

Scope: This MOU applies to any currently enrolled [REDACTED] Student who is referred by [REDACTED] [REDACTED]-Behavioral Health for psychiatric or behavioral health care.

Understandings and Agreements

When Students are determined by the Counseling Center and/or Student Health Center clinical staff to need emergent psychiatric assessment, the parties agree to the following protocol:

1. The [REDACTED] Case Manager or on-call counselor will request that the Student sign both:
 - a. An authorization that complies with HIPAA and [REDACTED] law regarding the protection and release of confidential health information for release of protected health information ("PHI"), including but not limited to the Student's records related to treatment at the [REDACTED] Counseling Center and/or Student Health Center to [REDACTED] Behavioral Health.
 - b. A HIPAA-compliant authorization on [REDACTED]'s form for release of PHI from [REDACTED] Behavioral Health to [REDACTED] Counseling Center and/or Student Health Center.
2. The [REDACTED] Case Manager will call [REDACTED]-Behavioral Health clinical emergency triage line to provide information regarding the Student's clinical status and impending arrival.
3. [REDACTED] Campus Police will transport or accompany the Student to [REDACTED]-Behavioral Health, if requested.
4. Upon arrival at [REDACTED]-Behavioral Health, the Student will be escorted by the Campus Police to the Emergency Room, if requested.
5. Once the Student is registered as a patient at [REDACTED]-Behavioral Health for psychiatric care and has been brought back to an emergency room bed from the waiting room, [REDACTED] staff will inform the [REDACTED] Campus Police of such registration, and the Campus Police and [REDACTED] are at that point released from any further responsibility for the Student and may then leave the hospital premises.

If a Student presents to [REDACTED]-Behavioral Health without involvement from the Counseling Center or Student Health Center, [REDACTED]-Behavioral Health will request that the Student sign both:

1. An authorization that complies with HIPAA and [REDACTED] law regarding the protection and release of confidential health information for release of PHI, including but not limited to the Student's records, related to treatment at the [REDACTED] Counseling Center and/or Student Health Center to [REDACTED] HealthCare System-Behavioral Health.
2. A HIPAA-compliant authorization on [REDACTED]'s form for release of PHI from [REDACTED]-Behavioral Health to [REDACTED] Counseling Center and/or Student Health Center.

Once such authorization forms are signed, [REDACTED]-Behavioral Health will notify the [REDACTED] Case Manager of the Student's presentation at [REDACTED]-Behavioral Health by phone and/or fax.

Disposition from [REDACTED]-Behavioral Health: If appropriate authorization forms are signed by Student, [REDACTED] will do the following:

1. **Admission for psychiatric services:** [REDACTED]-Behavioral Health clinical staff will contact the [REDACTED] Case Manager by phone or fax to inform him/her of the Student's admission and disposition following assessment in the emergency room.
2. **Discharge to family or own recognizance:** [REDACTED]-Behavioral Health clinical staff will contact the [REDACTED] Case Manager by phone or fax to inform him/her of the Student's discharge and disposition.
3. **Discharge Against Medical Advice:** [REDACTED]-Behavioral Health clinical staff will contact the [REDACTED] Case Manager by phone or fax to inform him/her of AMA status.

In the event that a Student revokes authorization to provide PHI to [REDACTED], a [REDACTED]-Behavioral Health representative will inform the [REDACTED] Case Manager of such revocation.

Discharge from [REDACTED]-Behavioral Health: If appropriate authorization forms are signed by Student, [REDACTED]-Behavioral Health will do the following:

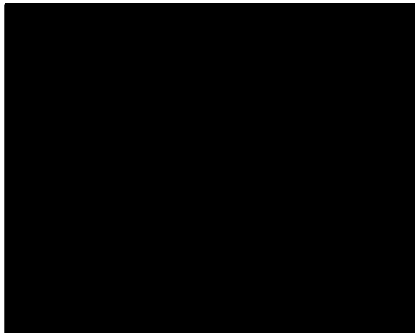
1. **Scheduled Discharge:** [REDACTED]-Behavioral Health Social Worker will consult with [REDACTED] Case Manager by phone prior to discharging any Student into the care of the Counseling Center or Student Health Center in order to determine whether the intensity and frequency of Counseling Center services are appropriate for the Student's needs. If the Student requires services that are outside of the Scope of Services of the Counseling Center or Student Health Center, the Counseling Center should direct [REDACTED]-Behavioral Health to discharge the Student into the care of a community provider at the appropriate level of care.
2. [REDACTED]-Behavioral Health Social Worker will fax discharge summary to the [REDACTED] Case Manager at the time of discharge.

3. AMA Discharge: [REDACTED]-Behavioral Health Social Worker will contact [REDACTED] Case Manager by fax and inform her of AMA discharge.
4. Discharge to services other than Counseling Center or Student Health Center: [REDACTED]-Behavioral Health will inform [REDACTED] Case Manager by fax that student has been discharged to services other than Counseling Center or Student Health Service.

In the event that a Student revokes authorization to provide PHI to [REDACTED] a [REDACTED]-Behavioral Health representative will inform the [REDACTED] Case Manager of such revocation.

Notifications:

Any communications between the parties pursuant to this Agreement shall be to the following representatives of the parties:



[REDACTED]:
Name
Title
Organization
Contact Information

Effective Date: This Memorandum, signed by appropriate representatives of both agencies here named, will constitute an Agreement of Understanding, Cooperation, and Compliance with its terms, and will be updated or revised only by mutual agreement of the parties in writing.

[REDACTED]
[REDACTED]
By: [Signature]
[REDACTED]

[REDACTED]
[REDACTED]
By: [Signature]