**Memorandum Of Understanding & Agreement**

Aliviane, Inc. is committed to providing comprehensive substance use and other mental health disorder services for residents living in West Texas (Region 10), which includes the counties of El Paso, Brewster, Culberson, Jeff Davis, Hudspeth, and Presidio. To accomplish these goals, we must rely on community resources to provide much needed services that are beyond the scope of this organization and/or to augment the services provided by Aliviane, Inc. **This document represents a record of agreement to provide individuals with program services listed below between Aliviane, Inc. programs and the following partnering agency:**

**Name of Partnering Agency/Organization/ School/Program:**

**Check Aliviane, Inc. applicable program services:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  PRIDES | [ ]  PRC Region 10 | [ ]  HMHL | [ ]  WCR | [ ]  YRRC |
| [ ]  PRIDES - Rural | [ ]  EPAPC | [ ]  AOPC | [ ]  CCC | [ ]  RBI |
| [ ]  Strengthening Families | [ ]  PADRE | [ ]  OTC | [ ]  Por Mi Familia | [ ]  RCOP-I |
| [ ]  IMASTAR | [ ]  PATH | [ ]  YFOPC | [ ]  RSS | [ ]  PPW |

**Description of services provided by Aliviane Inc.**

|  |  |
| --- | --- |
| **General Description** | **Specific Deliverables** |
|  |  |
| [ ]  Referral | [ ]  Transportation | [ ]  Communication | [ ]  Financial Assistance | [ ]  Case Management | [ ]  Presentations/Sessions |

**Description of services provided by Partnering Agency/Organization/School/Program**

|  |  |
| --- | --- |
| **General Description** | **Specific Deliverables** |
|  |  |
| [ ]  Referral | [ ]  Transportation | [ ]  Communication | [ ]  Financial Assistance | [ ]  Case Management | [ ]  Presentations/Sessions |

This MOUA indicates that a referral relationship exists and will abide by the Occupations Code, Title 3, Subtitle A, Chapter 102, Subchapter A, Sec. 102.001. This MOUA does not indicate any contract, liability, or endorsement between both partnering entities. Both entities will mutually provide information regarding services provided, admission and eligibility criteria, non-duplication of services, and any other information necessary for effective placement of individuals within the guidelines of client confidentiality as specified by State and Federal laws and regulations, specifically the Federal Regulations on Confidentiality of Alcohol and Substance Abuse Patient Records (Federal Register, General Provisions Title 42, Chapter 1, Part 2), Health Insurance Portability and Accountability Act (HIPAA), and any other requirements as mandated by existing protocols.

This MOUA recognizes that referred individuals are responsible for any fees or payments if any apply. Aliviane, Inc. has no liability or responsibility for such fees or payments, unless arranged in advance, in writing, by an official of Aliviane, Inc. with authority to authorize such payment. This agreement will be in effect for one year from the date of full execution or may be terminated by either entity with thirty (30) days written notice.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature:** |  |  | **Signature:** |  |
| **Name:** |  |  | **Name:** | **Ivonne Tapia, MA, LCDC, LPC-S, ACPS** |
| **Title:**   |  |  | **Title:** | **Chief Executive Officer** |
| **Entity:**  |  |  | **Entity:**  | **Aliviane, Inc.**  |
| **Phone:** |  |  | **Phone:** |  |
| **Email:**   |  |  | **Email:** |  |

Form ID: ADM-MOUA-01

2020

Start Date: \_\_ End Date: \_\_\_\_ **MOUA Renewal Required 1-Year after Start Date\***