

**APPENDIX A: AGREEMENTS AND UNDERSTANDINGS**

List on this page and insert copies on following pages, and include annual update mutual agreements, memoranda of understanding, or any other understandings entered into between the home health agency and any local, state, and county entities, or health care entities, and service providers that have responsibility during a disaster. This is to include current agreements needed to ensure the operational integrity of the plan.

**MUTUAL AID AGREEMENT OR STATEMENT OF UNDERSTANDING**

*Under Emergency Situations*

This agreement is made in good faith between \_\_\_\_\_  
and \_\_\_\_\_ (name of agency)

Mutually agree as follows:

- That \_\_\_\_\_ health facility will act in cooperation with our agency, in relation to patient services under Emergency Situations (such as Hurricanes, Tornados, Floods, etc.)
- The health facility shall serve our patients needs if our employees are unable to do so due to closure of our office for Emergency Situations or inability to reach the patients because of said incident.
- The \_\_\_\_\_ (name of agency) shall return to our agency the clients/patients transferred to them under Emergency Situations, when our facility is fully operational, after normal hours are re-established, and our employees are able to provide the care of our patients ordered by the physicians.
- The Patient’s information will be used only for the purposes for which it was engaged by the service provided, will safeguard the information for misuse, and will help the agency comply with some of the Agency’s duties under the HIPPA Privacy Rule. All records information will be maintained as “Confidential”

Signed by: \_\_\_\_\_ Signed by: \_\_\_\_\_  
*Administrator Administrator*

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

\_\_\_\_\_  
Name of Agency: \_\_\_\_\_ Name of Agency: \_\_\_\_\_

\_\_\_\_\_  
Contact Number: \_\_\_\_\_ Contact Number Address \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_