

## MEMORANDUM OF UNDERSTANDING

[Date]

### I. Participants:

#### A. [County Name] Regional Medical Center, [County Name] Health Services

[County] Regional Medical Center is the safety-net health care delivery system for [County], anchored by the [#] bed full service county hospital. The system is a family practice based FQHC staff model program that serves patients of all ages. [County] Services is nationally recognized for its family practice residency program. The [County] Medical Center primary care faculty and physician staff is composed of [#] [specialty type], and [#] [specialty type], approximately [#%] of whom are certified competent in [language] translation. The regional clinics have approximately [#] patient visits per month. Approximately [#%] of patients [age] come from households in which the primary language spoken is [language].

Contact Person: [Name], Title, Contact Information

#### B. [University Name], NIH-funded Center

The goal of the [University][Center Name] is to [study goal statement].

Contact Person: [Name], [Title], [Department], [School], [University], [Contact Info]

### II. Project:

[Project Name] is conducted by [PI Name] and others from the [School at University] and is a [#]-year research study about [topic].

[Study rationale and brief description]

[Brief description of County participation and group assignment process]

### III. Responsibilities:

#### A. [University] agrees to provide:

- [For example, CE units to County providers].
- [For example, assistance identifying liaison from University to work with County].
- [For example, language appropriate educational brochures for participants].

- [For example, technology for the study].
- [For example, ongoing technical assistance].
- [For example, \$# for a total of \$#, based on : \$# at the start of the study and \$# later based on performance criteria, created and agreed on by University and County].
- [For example, a provider to facilitate assessments and send sending to University for diagnosis, also feedback on results to participants].
- [For example, results of the study within # years].

**B. [County] Medical Center, [County] Health Services agrees to the following:**

1. Each clinical site assigned to [group A] will be responsible for providing the [intervention]; however, these costs should be more than offset by recharges to federal medical insurance for providing [examinations], [intervention], and [for example, education].
2. [County] will provide assistance with identifying a contact within the [County] which can provide [University] with assistance in mining necessary data for research purposes only. This information will not include any personal identifiers and will be reported only in aggregate form.
3. Each clinical site will provide space for 2 chairs for examination of [# of participants] based on an agreed upon schedule (e.g., once a month, once a week, evenings, weekends) that is best for the clinic.
4. Healthcare providers who agree to participate will:
  - Complete 3 written self-administered questionnaires (baseline, 12 months and 18 months) on their knowledge, attitudes and behaviors related to [area of study]. This will take 10 minutes for a total of 30 minutes and they will be completed and returned on-line or by regular mail.
5. For clinical sites randomly assigned to [group A], healthcare providers designated by [County] Medical Center, [County] Health Services will:
  - Participate in [study details].
  - [More study details].

6. For clinical sites randomly assigned to [group B], healthcare providers designated by [County] Regional Medical Center, [County] Health Services will:

- Participate in [study details].
- [More study details].

7. For clinical sites assigned to [group C], healthcare providers designated by [County] Regional Medical Center, [County] Health Services, will:

- [Study details].
- [Study details].
- [Study details].

8. For Clinical sites assigned to [group D].

- [Study details].
- [Study details].
- [Study details].

9. Based on the above, we agree to participate in this project. This agreement is valid from implementation date, to be determined by [University] and [County], and will last for [#] months thereafter. This agreement may be amended as mutually agreed upon. The Memorandum or Understanding is not a legally binding document but serves as an expression of partnership and commitment between [County] and the [University]. It is the responsibility of each party to notify the other in writing if there are any needed changes in the agreement or if the agreement needs to be terminated.

**Concurrence:**

\_\_\_\_\_  
[University]

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

\_\_\_\_\_  
[County] Clinic

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