

MEMORANDUM OF UNDERSTANDING (MOU)

This Memorandum of Understanding between _____ and _____, dated this _____ day of _____, 200____, represents an agreement by both parties to follow the requirements set forth in Administrative Regulation 908 KAR 1:310.

It is mutually understood that _____, shall provide all required case coordination services when a client is referred for education or treatment services, and _____, shall provide those treatment and/or education services indicated on the referral form.

If during the course of treatment or education a client demonstrates a need for service at a different level of care, or if a client requests transfer to another program either in state or out of state _____ shall refer the client to an eligible program for the required services, and notify _____ of such action.

If during the course of treatment or education a client is non-compliant _____ shall notify _____.

It is the intent of both parties to keep each other informed regarding the services provided to the client. _____ agrees to release copies of the DUI assessment and other client records pertinent to the client's DUI treatment or education to _____. Both parties agree to comply with all applicable federal and state confidentiality requirements in regard to the release of records.

Agency/Program #1

Agency/Program #2

Address

Address

City, State Zip

City, State Zip

Administrator's Signature

Administrator's Signature