MEMORANDUM OF UNDERSTANDING

This Agreement is made and entered into on [date] and is between
[enter name here], hereinafter known as “the medical director”;
And [enter name here] hereinafter known as “the agency.”

This Agreement is requested pursuant to [agency name here], hereinafter known as [alternative name]; Medical Direction for agencies that elect to implement a program for the use of naloxone rescue kits in accordance with the [agency name here] Policy. Individuals employed by the agency will function under the medical control supervision of a physician Medical Director.

This Agreement is in place for the purpose of implementing a NaloxBox Project (“program”).

THEREFORE, THE PARTIES NOW MUTUALLY AGREE AS FOLLOWS:

The Medical Director Agrees;
1. To assume responsibility for all medical control aspects of the program and ensure that the administration of the program is in compliance with the [agency name here] protocols.

2. To approve training programs for the use of naloxone which meet the minimum standards established by the [agency name here] Program and are in accordance with applicable Statewide Treatment Protocols.

3. To review policies for the proper acquisition, storage, replacement, and disposal of the NaloxBox Rescue Tools including naloxone.

4. To authorize the purchase of naloxone, with standing order, for the agency under his/her medical license

The Agency Agrees;
1. To designate one qualified employee to serve as a liaison to the Medical Director and agency leader of the NaloxBox Project;

2. To participate in all quality assurance and or remediation procedures established by the Medical Director (Quality assurance);

3. To ensure all employees within the agency successfully complete training programs approved by the Medical Director for the use of the NaloxBox Rescue Tools including naloxone.

4. To abide by policies for proper acquisition, storage, replacement, and disposal of the naloxone approved by the Medical Director and in accordance with the U.S. Food and Drug Administration’s approved manufacturer's product label recommendations. (acquisition and replacement of devices, shelf life of the medication and proper storage and disposal conditions);

5. To provide to the Medical Director, for quality assurance purposes, individual summary report of the system-wide database of overdose trip records filed by First Responders, including all First Responder use of naloxone; submit summary reports to the Medical Director every quarter.

NaloxBox - RIDMAT, Inc.
It is AGREED TO BY ALL PARTIES:

1. That any party may terminate this Agreement within [enter number here] days written notice.

2. That nothing contained in this Agreement is intended to induce, encourage, solicit, or reimburse the referral of any patient or business, including any patient or business funded in whole or in part by a state or federal health care program, to any party hereunder.

Medical Director:

[enter name here]

Print name

Medical Director

Title

_________________________________________

Signature

_________________________________________

Date

AGENCY Director/Chief:

_________________________________________

Print name

Title

_________________________________________

Signature

_________________________________________

Date