



COUNTY ATTORNEY

Fort Bend County, Texas

BRIDGETTE SMITH-LAWSON
County Attorney

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REVIEW FORM

On April 6, 2022, the County Attorney's Office reviewed the following:

Memorandum of Understanding Between Fort Bend County and Asian American Health Coalition of Greater Houston dba HOPE CLINIC.

The aforementioned Memorandum of Understanding and supporting documents have been acknowledged, reviewed and approved as to legal form only.

BRIDGETTE SMITH-LAWSON
FORT BEND COUNTY ATTORNEY

A handwritten signature in blue ink, reading "LaNetra S. Lary".

LaNetra S. Lary,
Assistant County Attorney

**MEMORANDUM OF UNDERSTANDING
BETWEEN
FORT BEND COUNTY
AND
ASIAN AMERICAN HEALTH COALITION OF THE GREATER HOUSTON
DBA HOPE CLINIC**

Asian American Health Coalition of the Greater Houston dba HOPE Clinic and Fort Bend County, acting by and through the Fort Bend County Health and Human Services – Clinical Health Services, hereinafter referred to collectively as the “Parties” agree to collaborate in the following manner as outlined below:

I. Objective

The objective of this Memorandum of Understanding (MOU) is to establish a general agreement between the Parties in order to increase access to care and establish a collaborative partnership that improves the community we serve.

II. Scope of Cooperation

Asian American Health Coalition of the Greater Houston dba HOPE Clinic will:

1. Present and provide materials to the administrators and staff to ensure that all are educated and aware of the services available to their clients and families
2. Distribute and circulate educational program materials intended to promote understanding and awareness among the community of their rights and options.
3. Communicate openly, and on an on-going basis, in order to review strategies for improving service delivery and access of services for patients.
4. Provide point of contact for patient referral and medical records.
5. Receive and process referrals to provide patients with appointments and health care services within our scope.
6. Communicate and coordinate with FORT BEND COUNTY regarding any changes in service, hours of operation, and/or capacity.

FORT BEND COUNTY will:

1. Receive
2. Designate a liaison(s) responsible for the collaboration within the institution.
3. Provide access to key staff contacts to ensure proper communication of changes and/or updates.
4. Communicate and coordinate with HOPE Clinic regarding any changes in service, hours of operation, fees changes, and/or capacity.
5. Provide a referral request through a form or other secure electronic means including the patient information and referral request details.

6. Receive referrals regarding suspected or active tuberculosis cases for patients residing in FORT BEND COUNTY.
7. Serve as content matter experts regarding tuberculosis for patients residing in FORT BEND COUNTY if HOPE needs consultation about these patients.

In order to achieve the objective of this MOU, the Parties, to the extent of their capabilities:

1. Abide by application local, state and federal regulations including HIPAA as appropriate for their regular operation.
2. Agree that working in collaboration with one another will help bring more individuals into care.
3. Shall join efforts to identify opportunities for rendering comprehensive support to families including targeted tuberculosis testing events, immunization events and other community outreach.
4. Participate in activities, such as each organization's events, community educational training, and others, to promote the goals and objectives of the partnership as appropriate.
5. Provide services and resources in accordance with each party's abilities and budgetary constraints, as defined and agreed upon annually.
6. Annually evaluate the statistical success of the referral partnership.
7. Any dispute arising from the interpretation or application of this MOU shall be resolved by the parties through a mutual written agreement product of a good faith negotiation process.
8. This MOU shall enter into force from the date of its signature and shall continue in effect until either party decides to terminate it, by giving no less than (30) day notice in writing.

IN WITNESS WHEREOF, the parties put their hands to this Agreement on the dates indicated below.

FORT BEND COUNTY

**ASIAN AMERICAN HEALTH COALITION
OF GREATER HOUSTON dba HOPE CLINIC**

KP George, County Judge

Authorized Agent – Signature

Date

Authorized Agent- Printed Name

ATTEST:

Title

Laura Richard, County Clerk

Date