

Date: [Date]

From:

[Sending Agency Name]

[Address]

[Contact Person Name]

[Phone/Email]

To:

[Receiving Agency Name]

[Address]

[Contact Person Name]

[Phone/Email]

Inter-Agency Outbound Client Referral Agreement

1. Purpose of Referral

This letter serves as a formal agreement for the referral of [Client Name/ID Number] from [Sending Agency Name] to [Receiving Agency Name]. The purpose of this referral is to provide the client with [Specific Services/Support Required].

2. Client Information and Confidentiality

The Sending Agency has obtained written consent from the client to share the necessary personal and medical/case information required for this referral. The Receiving Agency agrees to maintain the confidentiality of this information in accordance with [Applicable Law/Regulation, e.g., HIPAA or GDPR].

3. Responsibilities of the Sending Agency

- Provide a summary of the client's current status and needs.
- Transfer relevant documentation (assessment forms, history, etc.).
- Coordinate the initial intake appointment between the client and the Receiving Agency.

4. Responsibilities of the Receiving Agency

- Review the referral documentation within [Number] business days.
- Notify the Sending Agency of the acceptance or rejection of the referral.
- Provide the Sending Agency with updates regarding the client's enrollment and progress, subject to client consent.

5. Communication and Reporting

Both agencies designate the following individuals as primary points of contact for this referral:

- **Sending Agency Contact:** [Name/Title]
- **Receiving Agency Contact:** [Name/Title]

6. Term and Termination

This agreement is specific to the aforementioned client and shall remain in effect until the client is discharged from services or the referral is formally closed. Either party may terminate this agreement with written notice if services can no longer be rendered.

7. Signatures

Authorized Signature (Sending Agency): _____ Date: _____

Printed Name and Title: [Name/Title]

Authorized Signature (Receiving Agency): _____ Date: _____

Printed Name and Title: [Name/Title]