ATTACHMENT 20
PARTNER SERVICES MOA WITH HEALTH DEPARTMENT

TO: HIV Prevention Program Manager
Georgia Department of Community Health
Division of Public Health
12th Floor
2 Peachtree Street NW
Atlanta, GA 30303

This letter confirms that [INSERT NAME OF HEALTH DEPARTMENT] staff have reviewed and discussed [INSERT CBO NAME]'s plans for referring clients to Partner Services (PS).

[INSERT NAME OF HEALTH DEPARTMENT] can verify that this organization will comply with all state and local laws and regulations pertaining to PS.

We have discussed all issues below with [INSERT THE CBO NAME]:

- Anonymous versus confidential testing
- Data collection and reporting
- Training staff on the importance of PS
- Quality assurance of counselors
- Confidentiality
- Local laws and regulations
- Surveillance reporting
- Referral networks
- Ways to address barriers related to PS
- Target population to be served

If you have any questions, please feel free to contact me at [INSERT CONTACT INFORMATION].

Sincerely,

[TYPE YOUR NAME HERE]
[TITLE]
[ADDRESS]