

TEMPLATE: MOU for the Provision of Sexual Assault Advocate Services by [RAPE CRISIS CENTER] to the [MEDICAL FACILITY]

[RAPE CRISIS CENTER] and [MEDICAL FACILITY] aim to provide a high-quality response to sexual assault victims/survivors to promote consistency of care, respect, and cultural responsiveness to all patients. The participating entities herein share certain community goals and purposes when providing victim-centered care.

[RAPE CRISIS CENTER] and [MEDICAL FACILITY] agree to fulfill the roles and responsibilities outlined here to the best of their abilities and as resources allow.

Date(s) this MOU is active: From:	To:	
Roles and Responsibilities		

[RAPE CRISIS CENTER] will:

- Provide on-call 24/7 sexual assault advocacy at [MEDICAL FACILITY].
- Vet and train all advocates up to and beyond the requirements set by [state department of public health, state coalition].
- Provide training to the [MEDICAL FACILITY'S] staff on sexual violence and the role of the rape crisis center.
- Respond to requests for advocacy and accompaniment to forensic exams within [TIME] of being called by [MEDICAL FACILITY].
- Acknowledge and support the partnership [MEDICAL FACILITY] has with teleSAFE to provide expert SANE support over telehealth.
- Obtain affirmative consent from the patient before engaging in advocacy.
- Maintain privileged communication with patients as required by law and the [RAPE CRISIS CENTER] policies.
- Engage with supporting significant others (parents, friends, roommates etc.) as appropriate and/or requested by the survivor to attend to their needs within the confines of patient confidentiality.
- Work with [MEDICAL FACILITY] to provide options for reporting to the police, AFTER the forensic exam is complete whenever possible.
- Create a plan for obtaining needed medication and a safety plan including access to ongoing resources for patient before they are discharged.
- Support the survivor by communicating any questions or concerns to [MEDICAL FACILITY'S]
 designated point of contact.

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 Communicate any questions or concerns about the provision of victim/survivor services by [MEDICAL FACILITY] or concerns about the provision of collaborative services with the [RAPE CRISIS CENTER] advocate [the designated point of contact] in a timely way and without breaking patient confidentiality.

[MEDICAL FACILITY] will:

- Prioritize sexual assault patients in the emergency room.
- Provide a private waiting area or room for sexual assault patients.
- Assess and accommodate needs for language interpretation and translation as well as ASL
 interpreters or other requested disability accommodations as required through the ADA.
- Assess and accommodate as possible the presence of a personal support person if requested by the survivor.
- Contact the [RAPE CRISIS CENTER] immediately when a sexual assault patient presents at the [MEDICAL FACILITY].
- Provide regular training on the role of the hospital staff, SANE nurses, and tele SAFE to [RAPE
 CRISIS CENTER] staff and volunteers.
- Provide a medical professional trained in the medical forensic examination at the bedside or connect with SANE through teleSAFE technology
- Obtain informed consent from the patient before beginning the medical forensic examination or collecting evidence.
- Provide options to the patient for treatment and evidence collection throughout the exam.
- Work with [RAPE CRISIS CENTER] to provide options for reporting to the police, AFTER the forensic exam is complete whenever possible.
- Provide information and treatment, as needed, to the patient on pregnancy and STI/HIV
 prevention. Work with [RAPE CRISIS CENTER] to identify resources for the patient to obtain
 needed medications (such as HIV prophylaxis).
- Provide resources to support the emotional, financial, and other needs of the patient.
- Communicate any questions or concerns related to the provision of advocacy services to the [RAPE CRISIS CENTER'S] designated point of contact in a timely way.

Authorized Signatures

Once the actual responsibilities of each entity are worked out and agreed upon, an authorized representative from each organization signs to acknowledge their agreement and responsibilities.

Important Note: An MOU is a time-bound authorized document. Renewal or redrafting of an MOU requires a written amendment to the agreement with new dates and new authorizing signatures from both parties on the document.

A sample signature box is below

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Authorized Signature SAMPLE

Authorized person for:	Authorized person for:
(RAPE CRISIS CENTER)	(MEDICAL FACILITY)
Signature	Signature
Date	Date
Print Name	Print Name
Title	Title