

Attachment 6

Agreement for Cross-Jurisdictional Data Collection

Medical Monitoring Project

0920-0740

## Agreement for Cross-Jurisdictional Data Collection by the Medical Monitoring Project

**Name of State, District, or Territorial Health Department:** \_\_\_\_\_

As the Overall Responsible Party (ORP) for my jurisdiction, I ask that the following guidance be observed when conducting Medical Monitoring Project (MMP) cross-jurisdictional interviews or medical record requests by remote means such as telephone, mail, or secure fax, including those for the Case-Surveillance-Based Sampling Demonstration Project, involving persons sampled from case surveillance records in another jurisdiction who currently reside in my jurisdiction:

**My jurisdiction grants approval for this activity without notification.** The jurisdiction of sampling is permitted to contact, recruit, and interview persons residing in my jurisdiction at-will. We request to not be notified of CSBS activities in this jurisdiction.

**My jurisdiction grants approval for this activity with prompt notification following recruitment.** The jurisdiction of sampling will notify my jurisdiction’s HIV Surveillance Coordinator or designee of encounters with sampled persons residing in my jurisdiction within 3 business days. I understand that, in some uncommon instances, the jurisdiction will not be legally allowed to disclose the name of the person, and notification of the encounter without name disclosure is sufficient in these instances.

**My jurisdiction grants approval for this activity with notification prior to recruitment.** Once notified of plans to recruit someone in my jurisdiction, my jurisdiction’s HIV Surveillance Coordinator or designee may deny recruitment of any such persons by making this request of the jurisdiction of sampling within 5 business days of initial notification. I recognize that in some cases the jurisdiction of sampling may unintentionally contact a person residing in my jurisdiction, e.g. by dialing a telephone number. In such cases, the sampled person may immediately be given the opportunity to interview out of respect for the person’s time. However, my jurisdiction will be notified of the encounter with this sampled person by name and asked for permission to contact medical facilities for access to medical records (if applicable) within 3 business days. If I select this option, jurisdictions not legally allowed to disclose the name of the contacted person to my jurisdiction will not be allowed to conduct this activity in my jurisdiction.

**My jurisdiction refuses all MMP cross-jurisdictional data collection on sampled residents that have moved into my jurisdiction.**

Cross-jurisdictional medical record abstraction will only be conducted with a signed medical record release from the patient using methods that comply with all National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention security and confidentiality guidelines such as mail or secure fax. None of the options above imply permission to physically enter my jurisdiction for the purpose of cross-jurisdictional data collection without additional permission. Jurisdictions of sampling are required to assist my jurisdiction by providing any information to enhance case surveillance that they may legally provide. The point of contact for MMP cross-jurisdictional activities, including facilitation of case surveillance reporting to my jurisdiction as well as linkage and re-engagement services, is:

Name of point of contact/designee	Title	Telephone number	Email address

This agreement will be honored by the Medical Monitoring Project until amended by my jurisdiction in writing.

Signature of ORP	Signature of Surveillance Coordinator	Third Signature (optional)

Name of ORP	Name of Surveillance Coordinator	Name & Title of Third Signatory

Date	Date	Date

Please return this completed agreement to the MMP team c/o Dr. Linda Beer at [LBeer@cdc.gov](mailto:LBeer@cdc.gov) or telephone 404-639-5268.