

**Agreement for Cross-Jurisdictional Data Collection by the Medical Monitoring Project and the Surveillance of HIV-related service barriers among Individuals with Early or Late HIV Diagnoses**

Name of State, City, or Territorial Health Department: \_\_\_\_\_

The intent of this document is to establish agreements between jurisdictions regarding the recruitment of persons sampled for the Medical Monitoring Project (MMP) and for the Surveillance of HIV-related service barriers among Individuals with Early or Late HIV Diagnoses (SHIELD) who no longer reside in the jurisdiction in which they were sampled. It is not intended to alter or limit the exchange of routine HIV case surveillance information. As such, MMP and SHIELD staff may contact any other surveillance program to conduct routine surveillance activities such as record searches or provision of updated case surveillance information regardless of the selection made below. In the section below, a checkmark for each project indicates the desired option.

As the Overall Responsible Party (ORP) for my jurisdiction, I ask that the following guidance be observed when recruiting persons sampled from case surveillance records in another jurisdiction for MMP and SHIELD who currently reside in my jurisdiction:

<b>MMP</b> <input type="checkbox"/>	<b>SHIELD</b> <input type="checkbox"/>	<b><u>Option 0 - My jurisdiction grants approval without notification.</u></b> The jurisdiction of sampling is permitted to recruit persons residing in my jurisdiction at-will without notifying our public health department
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<b>MMP</b> <input type="checkbox"/>	<b>SHIELD</b> <input type="checkbox"/>	<b><u>Option 1 - My jurisdiction grants approval with prompt notification following recruitment.</u></b> The jurisdiction of sampling will notify my jurisdiction’s 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
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<b>MMP</b> <input type="checkbox"/>	<b>SHIELD</b> <input type="checkbox"/>	<b><u>Option 2 - My jurisdiction grants approval with notification prior to recruitment.</u></b> The jurisdiction of sampling will notify my jurisdiction’s designee of plans to contact and recruit someone in my jurisdiction. My jurisdiction’s designee may deny recruitment of any such persons 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 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.
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<b>MMP</b> <input type="checkbox"/>	<b>SHIELD</b> <input type="checkbox"/>	<b><u>Option 3 - My jurisdiction refuses all recruitment on sampled persons that currently reside in my jurisdiction</u></b>
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For MMP 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 and SHIELD 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
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This agreement will be honored by the Medical Monitoring Project and SHIELD until amended by my jurisdiction in writing.

Signature of ORP	Signature of Surveillance Coordinator
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Name of ORP	Name of Surveillance Coordinator
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Date	Date
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MMP Principal Investigator (if applicable)	SHIELD Principal Investigator (if applicable)
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Name & Title of MMP PI	Name & Title of SHIELD PI
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Date	Date
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