Referral Agreement
between
Wellspan Crisis Intervention Services
and
York Suburban School District

1. Purpose: Crisis Intervention agrees to accept referrals to determine patient level of care and placement in treatment.

2. Confidentiality: In exchange of information, confidentiality will be maintained in accordance with DPW regulations pertaining to confidentiality (55 PA Code 5100.32; Mental Health Procedures, November 1984).

3. Continuity of Care: We agree to communicate treatment issues to those organizations that provide continuity of care, including your organization. Both parties agree to refer appropriate clients in compliance with program policy and procedure and all applicable Federal, State and local regulations as well as standards of applicable accrediting bodies.

4. Crisis Intervention Services are available 24 hours a day, 7 days a week.

5. Exclusion: This agreement does not allow use of Crisis Intervention Services in any oral or written marketing efforts without written consent. Also, this should not be construed as consent by Crisis Intervention to participate in the provider network of the above party.

This agreement shall become effective upon both signatures and shall remain in effect until cancelled by both parties.

_____	_____
Signature	Signature
_____	Crisis Intervention Program Supervisor
Title	Title
_____	_____
Date	Date