

Memorandum of Agreement

Between

**Browning School District #9
(Browning and Babb Schools)**

And

Blackfeet Dental Clinic / Indian Health Service

Date: _____

Memorandum of Agreement
Between
Browning School District #9 (Browning and Babb Schools)
And
Blackfeet Dental Clinic / Indian Health Service

Mission Statement/Purpose:

The mission of the Blackfeet Dental Clinic/Indian Health Service in partnership with Browning School District #9 (Browning and Babb Schools) is to work with the people we serve to elevate their physical, mental, social and spiritual health to the highest level.

The purpose of this agreement is to formally establish relationships with Browning School District #9 (Browning and Babb Schools) to facilitate accessible, quality care for IHS eligible students. Blackfeet Dental Clinic /Indian Health Service in partnership with Browning School District #9 (Browning and Babb Schools) enter into this agreement to provide a coordinated array of dental services (i.e. oral screenings, fluoride varnish, dental sealants, temporary fillings, cavity stabilization, oral hygiene instruction) to IHS eligible students in the school setting.

Scope of Work:

Responsibilities of Browning School District #9:

1. Coordinate with the Dental Clinic staff as to the time/dates and location of the dental screening/sealant program.
2. Compile parental consent forms to identify students participating in the dental screenings/sealant program and inform Dental Clinic staff .
3. Provide area in each school building to temporarily set-up portable dental delivery system/equipment.

Responsibilities of the Blackfeet Dental Clinic /Indian Health Service:

1. To coordinate/provide oral screenings and other preventive and/or cavity stabilization services to IHS eligible students via dental team (i.e. dentist, dental hygienist and/or dental assistant).
2. Provide parents/guardians of students seen documentation of oral screening results and which dental services were provided by dental staff.

Responsibilities of both parties:

1. Both parties agree to execute whatever consents, forms and/or releases may be necessary to facilitate the open exchange of information between the two agencies as needed.
2. Both parties shall comply with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973, and related regulations, and will not discriminate against any person on the basis

of race, color, sex, sexual orientation, creed, national origin, age, religion or disability.

3. All parties shall adhere to the requirements of HIPAA (Public Law 104491 of August 21, 1996, Health Insurance Portability and Accountability Act of 1996, Subtitle F – Administrative Simplification, Section 261 et seq., and the regulations there under, including the privacy and security regulations, as of their implementation date without any additional cost or changes to either party.

Duration of Agreement:

The term of this Agreement will begin on _____, and will automatically renew on a year to year basis unless the SCHOOL or IHS should request to terminate, and shall supersede any and all prior agreements, written or oral.

This Agreement shall be reviewed as the need may arise; and the parties, per mutual written agreement, may modify or amend any terms of this agreement accordingly.

Points of Contacts:

School:

IHS:

Contact Name:

Contact Name:

Contact Title:

Contact Title:

Address:

Address:

Phone:

Phone:

Fax:

Fax:

Email:

Email:

Modification, Entire Agreement:

This partnership agreement represents the entire agreement and may be modified by a written amendment signed and dated by both parties. Disputes concerning the implementation or interpretation of this agreement shall be resolved through discussion between key staff of the two agencies and shall be the sole remedy for resolution of such dispute.

Authorizing Signature and Dates:

For IHS:

**Garland R.
Stiffarm -S**

Digitally signed by Garland R. Stiffarm -S
DN: c=US, o=U.S. Government, ou=HHS, ou=IHS,
ou=People,
0.9.2342.19200300.100.1.1=2000205113,
cn=Garland R. Stiffarm -S
Date: 2020.01.21 12:40:27 -07'00'

Chief Executive Office
Blackfeet Service Unit

Date

Chief of the Contracting Office
Billings Area IHS

Date

Director
Billings Area IHS

Date

For School:

Superintendent of Browning School District #9

Date