

# Memorandum of Understanding

Between

[Clinic/Health System Name]

&

[Food is Medicine Program Name]

## Purpose

This Memorandum of Understanding (MOU) establishes collaboration between [Clinic] and [FIM Program] to improve health outcomes by integrating access to local, nutrient-dense food and education into patient care.

## Roles and Responsibilities

[Clinic] agrees to:

- Refer eligible patients into the Food is Medicine program based on diagnosis or risk factors (e.g., type 2 diabetes, hypertension, food insecurity).
- Provide de-identified health metrics (such as blood pressure, A1c, weight/height ratio, waist circumference) on enrolled patients at agreed intervals.
- Encourage patient participation and reinforce program messaging in clinic visits.
- Participate in data-sharing agreements as required (with HIPAA compliance and Business Associate Agreement where applicable).

[FIM Program] agrees to:

- Provide enrolled patients with nutrient-dense, locally sourced produce and culturally relevant recipes.
- Offer education classes and patient support (nutrition, cooking, wellness, cultural foodways).
- Track attendance and provide progress updates to the clinic as appropriate.
- Collaborate on evaluation of health outcomes, cost savings, and quality improvement efforts.

## Confidentiality

Both parties agree to maintain confidentiality of patient information in compliance with HIPAA and any signed Business Associate Agreements.

## Term and Termination

This MOU will be effective upon signature and remain active for one (1) year, with option to renew annually. Either party may terminate with thirty (30) days' written notice.

## Signatures

[Clinic Representative Name/Title] \_\_\_\_\_ Date \_\_\_\_\_

[Program Representative Name/Title] \_\_\_\_\_ Date \_\_\_\_\_