

Community Counseling Services, Inc.

Serving The People of Crawford County

2458 Stetzer Road • Bucyrus, Ohio 44820

419-562-2000 • FAX 419-562-1296 • TDD 419-468-8211

THOMAS J. SACCENTI, Executive Director

Memorandum of Understanding: Between Community Counseling Services, 2458 Stetzer St., Bucyrus, Ohio 44820 and The Galion City Health Department, 113 Harding Way E., Galion, Ohio 44833

Agreement Period: Commencing on or about July 1, 2015 and running through June 30, 2016

Purpose: The purpose of this Memorandum of Understanding is to establish an agreement for space within the Galion City Health Department to be utilized by Community Counseling Services to render Mental Health Counseling Services.

Scope of Services: Community Counseling Services will provide comprehensive Mental Health Services to individuals at the Galion City Health Department in an effort to reach clients.

Community Counseling Services will provide the following:

1. Provide a Licensed Counselor or Licensed Social Worker to serve the consumers of Crawford County for the purpose of Mental Health Counseling Services
2. Provide written documentation to show the date and times of scheduled appointments (minus consumer names or other identifying information)
3. Follow the hours of operation for the Health Department
4. Follow all Protected Health Information laws. Confidentiality will be assured at all times under this contract
5. Provide all administrative and clerical functions for Community Counseling Services rendered
6. Use department facilities in a reasonable manner consistent with tenant duties under Ohio Law

The Galion City Health Department will provide the following:

1. Office space for confidentiality of the individual
2. Contact Community Counseling Services when the Health Department is closed (i.e., holidays, training days, etc.)

Both Parties will abide by the following:

1. Both parties shall comply with all applicable laws of local, state, and federal governments.
2. Both parties shall not discriminate against any client, patient, or use of service because of race, color, sex, religion, national origin, creed, marital status, age, veteran status, or the presence of any sensory, mental, or physical handicap.

Payment: There is no payment by either party for this exchange of office space.

Termination Clause: This contract may be terminated by either party with 30 days written notice.

Liability: Each party agrees to be responsible and assume liability for its own wrongful and/or negligent acts or omissions or those of its officials, officers, agents, or employees to the fullest extent required by law, and further agree to save, indemnify, defend, and hold the other party harmless from any such liability. It is further provided that no liability shall attach to the Galion City Health Department by reason of entering into this agreement except as expressly provided herein.

General: This Memorandum of Understanding constitutes the entire understanding and agreement between Community Counseling Services and the Galion City Health Department with regard to the matters herein, and supersedes any and all previous agreements, whether written or oral among the parties. This Memorandum of Understanding may be amended only in writing; signed by all parties hereto. Nothing herein shall create or be deemed to create any relationship of agency or joint venture between Community Counseling Services and the Galion City Health Department.

The Galion City Health Department
Board of Health President

Date: _____

The Galion City Health Department
Health Commissioner

Date: _____

Community Counseling Services
Executive Director



Date: 7/7/15