



Indiana
Department
of
Health

**Indiana Department of Health
My Healthy Baby Program
Participating Agency Acknowledgment and Responsibilities**



The Indiana Department of Health's (IDOH's) My Healthy Baby program refers eligible families to local home visiting agencies. Local partnering home visiting agencies provide personalized guidance and support during pregnancy and for at least 12 months after the baby's birth.

The purpose of this acknowledgment is to establish a referral partnership between the IDOH MCH My Healthy Baby program and _____
for the purposes of connecting women to perinatal home visiting services.

Please list all counties served for this purpose:

As a partnering agency, you agree to provide perinatal home visiting services as outlined above. Additionally, you agree to:

- A. Comply with the IDOH [My Healthy Baby Home Visiting Standards](#).
- B. Receive referral information from My Healthy Baby through the automated referral system established by IDOH.

- a. Email contact to receive referrals: _____

- b. Primary Contact when IDOH has questions: _____

Name

Email

Phone

- C. Attempt to contact My Healthy Baby referrals within 3-5 business days.
- D. Require a background check, including a [Child Protective Index](#) of all home visiting staff.
- E. Share data about My Healthy Baby referrals back to IDOH, and notify clients via consent forms that this data sharing will take place. (Note: Sharing of client-level data will require a separate data sharing agreement.)

Note: Enrollment data will be enrolled at least annually. If data show over time that My Healthy Baby referrals are not enrolling in program, My Healthy Baby may stop sending referrals.

Confidentiality

Each party receiving confidential information will:

- A. Not disclose information to any third party without the client's consent;
- B. Maintain confidentiality of client information; and
- C. Maintain data protection and confidentiality policies.

My organization _____

agrees to participate in the IDOH MCH My Healthy Baby Initiative in conformance with the provisions set forth in this acknowledgement.

Printed Name: _____

Date: _____

Signature: _____

Either party may terminate this agreement at any time by giving written notice of termination that is effective upon receipt by the other party.

DISCLAIMER: As a partnering agency, you are not entitled to receive referrals from the IDOH MCH My Healthy Baby Initiative. IDOH MCH reserves the right to cease referrals to you at its discretion, any time for any reason.