

MEMORANDUM OF UNDERSTANDING (MOU)

CONTINUITY OF OPERATIONS (COOP) SUPPORT AGREEMENT

Effective Date: July 27, 2026

1. PARTIES

This Memorandum of Understanding (MOU) is entered into by and between the Seneca County General Health District (hereafter referred to as "SCGHD") and Tiffin City School District (hereafter referred to as the 'Host Facility').

The Host Facility's Name and Physical Address is:

Columbian High School, 300 S. Monroe St., Tiffin, OH 44883/Tiffin Middle School, 103 Shepherd Dr., Tiffin, OH 44883/Frost-Kalnow Stadium, Charlotte St. & 1st St., Tiffin, OH 44883.

2. PURPOSE

The purpose of this MOU is to establish a framework for temporary relocation and operational support if the SCGHD primary facility is rendered unusable due to a disaster, emergency, or other disruptive incident. This agreement supports implementation of the SCGHD's Continuity of Operations Plan (COOP) to ensure continuation of essential public health functions.

3. SCOPE OF SUPPORT

Upon activation of the SCGHD's COOP Plan, the Host Facility agrees to provide temporary space and operational support as available. Specific space assignments will be determined by the Host Facility in coordination with the Health Commissioner or designee.

Support may include, but is not limited to:

- Temporary office or clinic space
- Access to telephone and internet connectivity (as available)
- Access to restrooms and common areas
- Parking accommodations (as available)
- Staging of vehicles and equipment to support essential functions to best serve the community
- Access to external power outlets

4. CONFIDENTIALITY AND HIPAA COMPLIANCE

Both parties acknowledge that SCGHD is subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all applicable federal and state privacy laws.

If Protected Health Information (PHI) is created, received, maintained, or transmitted at the Host Facility, the following safeguards shall be implemented:

- PHI shall only be accessed by authorized SCGHD personnel.
- Physical spaces used for clinical or confidential operations shall ensure visual and auditory privacy.
- Electronic systems shall utilize secure networks, encryption, and password protection.
- Printed materials containing PHI shall be secured when not in use.

If the Host Facility will have access to PHI beyond incidental exposure, a separate Business Associate Agreement (BAA) shall be executed before such access.

5. FINANCIAL RESPONSIBILITIES

The Host Facility may bill the SCGHD for costs exceeding normal operating expenses incurred in the provision of support services under this MOU. Documentation of such costs shall be provided.

In the event of a federal, state, or county-declared emergency, the SCGHD may seek reimbursement from the appropriate declaring authority.

6. ACTIVATION AND NOTIFICATION

This MOU shall be activated upon notification by the Health Commissioner or designee. Primary and alternate contacts for both parties shall be maintained and updated annually.

7. TERM AND TERMINATION

This agreement shall become effective upon signature by both parties and shall remain in effect until terminated. The agreement shall be reviewed biennially in January of odd-numbered years unless otherwise agreed.

Either party may terminate this agreement with thirty (30) days' written notice to the other party.

8. AUTHORIZED REPRESENTATIVES

Host Facility Representative:

Name: Greg DeVore

Title: Business Manager

Phone: 567-286-9516

Email: greg_devore@tiffincityschools.org

SCGHD Representative:

Name: _____

Title _____

Phone: _____

Email: _____

9. SIGNATURES

For the Host Facility:

Signature: _____

Name/Title: Greg Williamson/Superintendent

Date: July 27, 2026

For SCGHD:

Signature: _____

Name/Title: _____

Date: _____

Host Facility's Emergency Alternative Contact(s) Info:

Name/Cell/Email: _____

Name/Cell/Email: _____

Name/Cell/Email: _____

Name/Cell/Email: _____

Name/Cell/Email: _____

Name/Cell/Email: _____