Memorandum of Cooperation  
Office of the Coroner  

1. This Memorandum of Cooperation (hereafter “Memorandum”) is made effective as of the _______ of ____________________, 20___, by and between __________________________, the Provider Agency for the Adult Protective Services Program, responsible for _______________ County (hereafter the “Provider Agency”), and _________________________, the Coroner of ________________ County (hereafter the “Coroner”) (substitute “Medical Examiner” in Cook County).

2. The statutory basis for this Memorandum is Paragraph 8.5 of Section 8 of the Adult Protective Services Act (320 ILCS 20/1), which authorizes the Provider Agency to furnish to the Coroner a list of all eligible adults who may be at imminent risk of harm as a result of abuse, neglect, financial exploitation, or self-neglect.

3. This Memorandum shall serve as the written agreement required by this statutory authorization.

4. The Provider Agency shall provide to the Coroner a list of the names of eligible adults, who, in the judgment of the Provider Agency, are at imminent risk of harm as a result of abuse, neglect, financial exploitation, or self-neglect. The Provider Agency shall update this list on a periodic basis.

5. The Provider Agency shall inform the Coroner when the status of an eligible adult, whose name was previously submitted to the Coroner, has changed to the extent that such eligible adult is no longer at imminent risk, or the Coroner can no longer respond in the event of the death of the older adult or adult with a disability.

6. This change in status may be due to the death of the eligible adult; his or her removal from the county; the death, imprisonment, or removal from the area of the abuser; or other changes in circumstances which significantly lessen the risk to the older adult or adult with a disability.

7. The Provider Agency shall transmit the list to the Coroner in a manner which protects the confidentiality of the list. The Provider Agency and the Coroner agree that any verbal, electronic or documented means of transmission under this Memorandum shall ensure strict confidentiality of the identity of the older adult or adult with a disability.
8. The Coroner shall establish written procedures to receive the list in a manner which maintains confidentiality, including the designation by the Coroner of a specific staff in the office as the recipient of the lists and information submitted by the Provider Agency. The Coroner shall notify the Provider Agency in writing of the name of these specified staff.

9. The Coroner shall maintain the lists of names transmitted by the Provider Agency in the strictest confidentiality, with access to such lists allowed only as authorized below. The Coroner will establish procedures and safeguards within its office to maintain such confidentiality. The Coroner shall inform the Provider Agency in writing of those procedures. Such procedures shall include securing the physical location and or means of which any lists are kept.

10. The Coroner shall maintain, update and add names and corrections to the list.

11. The Coroner may compare their reports and names of high risk older adults and adults with disabilities to the names on the list. This comparison shall be for the purpose of determining if the name of the person matches a name on the list of persons provided by the Provider Agency. In so doing, the Coroner would continue to maintain the highest possible degree of confidentiality.

12. These written procedures and policies on maintaining the security and accessing the lists shall be attached to, and incorporated into, this Memorandum.

13. In the event that the Coroner becomes aware of any person named on the list, the Coroner will immediately notify the Provider Agency.

14. The Coroner may request from the Provider Agency, and the Provider Agency will provide to the Coroner, pursuant to Paragraph 2 of Section 8 of the Adult Protective Services Act, any records of abuse, neglect, financial exploitation or self-neglect related to an eligible adult. The Provider Agency will redact the identity of the reporter from such submissions pursuant to Section 4 of the Adult Protective Services Act (320 ILCS 20/4).

15. This Memorandum of Cooperation takes effect on the ___ of ___, 20___. This Memorandum of Cooperation shall continue in force until either party to the Memorandum notifies the other party in writing of its withdrawal from the Memorandum.
IN THE WITNESS WHEREOF, each party to this Memorandum has caused it to be executed on the date(s) indicated below.

__________________________________________  ______________________________________
(“CORONER”)  (“PROVIDER AGENCY”)

SIGNED: ___________________________  SIGNED: ___________________________

NAME: ___________________________  NAME: ___________________________

TITLE: ___________________________  TITLE: ___________________________

DATE: ___________________________  DATE: ___________________________