

# Connectivity Agreement

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Recipient's Address]

## Subject: Healthcare Systems Connectivity Agreement

Dear [Recipient's Name],

This Connectivity Agreement ("Agreement") is made and entered into as of the date above by and between [Your Organization's Name], located at [Your Organization's Address] and [Recipient's Organization's Name], located at [Recipient's Organization's Address].

### 1. Purpose

The purpose of this Agreement is to set forth the terms and conditions under which both parties will connect their healthcare systems to facilitate the secure exchange of health information.

### 2. Responsibilities

Both parties agree to collaborate in the establishment of connectivity, ensuring compliance with applicable laws and regulations including HIPAA.

### 3. Effective Date

This Agreement shall become effective on [Effective Date] and shall remain in effect until terminated by either party with [Notice Period] written notice.

### 4. Confidentiality

All information exchanged under this Agreement shall be kept confidential and used solely for the purposes described herein.

### 5. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the state of [Your State].

We look forward to a successful partnership. Please sign below to acknowledge your acceptance of this agreement.

---

[Your Organization's Name] Representative

Title: [Your Title]

---

[Recipient's Organization's Name] Representative

Title: [Recipient's Title]

Thank you.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]