

Health Services Agreement Summary

Date: [Insert Date]

[Provider Name]

[Provider Address]

[City, State, ZIP Code]

Attention: [Recipient Name]

Subject: Summary of Health Services Agreement

1. Parties Involved

This Health Services Agreement ("Agreement") is made between:

- [Client Name], with a principal place of business at [Client Address]
- [Provider Name], with a principal place of business at [Provider Address]

2. Services Provided

[Brief description of services to be provided, e.g., primary care, specialist consultations, etc.]

3. Terms and Conditions

The term of this Agreement will commence on [Start Date] and continue until [End Date].

The fees for the services rendered shall be [fee structure]. Payment shall be due [payment schedule].

4. Responsibilities

[List key responsibilities of both parties]

5. Confidentiality

Both parties agree to uphold the confidentiality of patient information in accordance with applicable laws.

6. Termination

This Agreement may be terminated by either party with [number of days] written notice.

7. Signatures

Accepted and agreed to by:

[Client Representative Name]

[Title]

Date: _____

[Provider Representative Name]

[Title]

Date: _____

Thank you for your cooperation.