

Oncology Referral Collaboration Agreement

Date: [Insert Date]

From: [Referring Physician's Name]

Practice Name: [Referring Physician's Practice]

Address: [Referring Physician's Address]

Email: [Referring Physician's Email]

Phone: [Referring Physician's Phone Number]

To: [Oncology Specialist's Name]

Practice Name: [Oncology Practice]

Address: [Oncology Practice's Address]

Email: [Oncology Specialist's Email]

Phone: [Oncology Specialist's Phone Number]

Dear [Oncology Specialist's Name],

We are pleased to enter into this collaboration agreement regarding the referral of patients requiring oncology services. Our mutual goal is to provide comprehensive and coordinated care to patients diagnosed with cancer. This letter outlines the terms of our collaboration:

- **Referral Process:** Referrals will be made through [describe referral process].
- **Communication:** Both parties will ensure timely communication regarding patient diagnosis, treatment plans, and progress.
- **Patient Confidentiality:** All patient information will be treated with strict confidentiality in line with HIPAA regulations.
- **Continuing Education:** Both practices will engage in ongoing educational opportunities to stay updated on the latest oncology practices.

By signing this agreement, both parties commit to working collaboratively for the benefit of our shared patients.

Sincerely,

[Referring Physician's Name]

[Referring Physician's Title]

[Oncology Specialist's Name]

[Oncology Specialist's Title]

Signature: _____

Date: _____