

# Disaster Recovery Agreement

Date: [Insert Date]

To: [Recipient Name]

[Recipient Position]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are pleased to enter into this Disaster Recovery Agreement with [Organization Name]. This agreement is intended to outline the responsibilities and expectations of both parties in the event of a disaster impacting healthcare services.

## 1. Purpose

The purpose of this agreement is to ensure the continuity of healthcare services and protection of sensitive patient information during emergencies.

## 2. Scope

This agreement covers the following key areas:

- Emergency Response Procedures
- Data Backup and Recovery
- Communication Plan
- Resource Allocation

## 3. Roles and Responsibilities

Each party agrees to collaborate in the following ways:

- [Your Organization Name] will be responsible for [specific responsibilities].
- [Recipient Organization Name] will be responsible for [specific responsibilities].

## 4. Agreement Review

This agreement will be reviewed annually or as needed to ensure its effectiveness and relevance.

If you agree to the terms laid out in this agreement, please sign below and return a copy by [return date].

Sincerely,

[Your Name]

[Your Position]

[Your Organization Name]

[Your Organization Address]

[City, State, Zip Code]

## **Agreement Acceptance**

[Recipient Name]

[Recipient Position]

[Organization Name]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_