

Data Sharing Agreement

Date: [Insert Date]

Parties:

[Social Service Agency Name]

[Address]

[City, State, Zip]

and

[Partner Agency Name]

[Address]

[City, State, Zip]

1. Purpose

This Data Sharing Agreement establishes the terms and conditions under which [Social Service Agency Name] and [Partner Agency Name] will share data to enhance service delivery and improve client outcomes.

2. Data to be Shared

The following data will be shared:

- Client demographic information
- Service utilization records
- Outcome assessment data

3. Data Security and Confidentiality

Both parties commit to maintaining confidentiality and ensuring data security in compliance with applicable laws and regulations.

4. Duration

This agreement shall remain in effect from [Start Date] to [End Date], unless terminated by either party with [Number] days written notice.

5. Signatures

By signing below, the parties agree to the terms of this Data Sharing Agreement.

[Name and Title]
[Social Service Agency Name]

[Name and Title]
[Partner Agency Name]