

Partnership Agreement

Date: [Insert Date]

[Partner A Name]
[Partner A Address]
[City, State, Zip Code]

[Partner B Name]
[Partner B Address]
[City, State, Zip Code]

Subject: Partnership Agreement for Healthcare Services

Dear [Partner B Name],

We are pleased to present this partnership agreement between [Partner A Name] and [Partner B Name] to collaborate in providing healthcare services to our community. This agreement lays the foundation for a mutually beneficial partnership, focused on enhancing patient care and improving health outcomes.

Scope of Partnership

The parties agree to jointly engage in the following activities:

- Shared healthcare delivery services
- Joint marketing and outreach initiatives
- Collaboration on patient referral processes

Responsibilities

Each partner agrees to the following responsibilities:

- [Partner A Responsibilities]
- [Partner B Responsibilities]

Financial Arrangements

The financial contributions and profit-sharing model will be as follows:

[Include Financial Terms Here]

Duration of Agreement

This partnership shall commence on [Start Date] and shall remain in effect until [End Date] unless terminated earlier in writing by either party.

Confidentiality

Both parties agree to maintain confidentiality regarding sensitive information obtained through this partnership.

Signatures

Please indicate your acceptance of this partnership agreement by signing below.

[Partner A Name]

Date: _____

[Partner B Name]

Date: _____

We look forward to a successful partnership.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Contact Information]