

Partnership Service Level Agreement

Date: [Insert Date]

Parties Involved:

[Healthcare Provider Name] - [Address]

[Partner Organization Name] - [Address]

1. Definitions

1.1. "Services" refers to the healthcare services provided by [Healthcare Provider Name].

1.2. "Partner" refers to [Partner Organization Name].

2. Purpose

This Service Level Agreement outlines the terms and conditions of the partnership between [Healthcare Provider Name] and [Partner Organization Name] for the delivery of healthcare services.

3. Responsibilities

[Healthcare Provider Name] shall be responsible for: [List of responsibilities]

[Partner Organization Name] shall be responsible for: [List of responsibilities]

4. Service Levels

The service levels for the healthcare services provided are as follows:

- Response Time: [Specify time]
- Quality Standards: [Specify standards]
- Reporting Requirements: [Specify requirements]

5. Financial Arrangements

Details regarding the financial arrangements, including payment terms and responsibilities, will be subject to a separate agreement.

6. Duration

This Agreement shall commence on [Start Date] and shall continue until [End Date].

7. Termination

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

8. Signatures

For [Healthcare Provider Name]:

Name: _____

Title: _____

Date: _____

For [Partner Organization Name]:

Name: _____

Title: _____

Date: _____