

Collaborative Care Partnership Agreement

Date: [Insert Date]

To: [Partner's Name]

[Partner's Address]

[City, State, Zip Code]

Dear [Partner's Name],

We are pleased to enter into this Collaborative Care Partnership Agreement to outline the terms and conditions of our collaboration in providing quality care to our patients.

1. Purpose

The purpose of this agreement is to establish a framework for cooperation and communication between [Your Organization's Name] and [Partner's Organization's Name] in delivering comprehensive care services.

2. Scope of Collaboration

The parties agree to work together in the following areas:

- Shared patient management and treatment plans.
- Regular meetings to discuss patient progress and care coordination.
- Joint training and professional development opportunities.

3. Responsibilities

Each party shall be responsible for:

1. Providing necessary resources and support for patient care.
2. Maintaining clear and timely communication regarding patient needs.
3. Ensuring compliance with legal and regulatory standards.

4. Duration

This agreement shall commence on [Start Date] and shall continue until [End Date], unless terminated earlier by either party with [number of days] days written notice.

5. Signature

By signing below, both parties affirm their commitment to this collaborative partnership:

[Your Organization's Name]

Authorized Signature

[Name, Title]

[Partner's Organization's Name]

Authorized Signature

[Name, Title]

Thank you for your commitment to effective collaborative care.

Sincerely,

[Your Name]

[Your Title]

[Your Organization's Name]

[Your Contact Information]