

Memorandum of Understanding (MoU)

For Healthcare Services Collaboration

This Memorandum of Understanding (‘‘MoU’’) is made and entered into on

Date:

Between:

Party A:

Address:

And

Party B:

Address:

1. Purpose

2. Scope of Collaboration

3. Roles and Responsibilities

Party A:

Party B:

4. Term and Termination

5. Confidentiality

6. Dispute Resolution

7. Miscellaneous

This MoU is signed by the authorized representatives of both parties on the dates indicated below.

Name:

Title:

Date:

Name:

Title:

Date: