

Healthcare Service Provision Memorandum of Understanding (MOU)

This Memorandum of Understanding (the "MOU") is made and entered into by and between:

[Healthcare Provider Name]

Address:

Contact:

and

[Recipient/Partner Organization Name]

Address:

Contact:

(collectively referred to as the "Parties")

1. Purpose

2. Scope of Services

3. Roles and Responsibilities

3.1 [Healthcare Provider Name]

3.2 [Recipient/Partner Organization Name]

4. Terms and Duration

5. Confidentiality

6. Amendments

7. Termination

8. Signatures

Name:

Title:

Date:

Name:

Title:

Date: