Partnership Agreement

On behalf of Magnolia Southern Care LLC, I would like to formally extend an invitation to your organization to enter into a "Partnership Agreement" with our company. We are eager to collaborate with respected community partners who share our commitment to providing compassionate, individualized care to those in need.

Magnolia Southern Care LLC, located at 10151 Deerwood Park Blvd, Jacksonville, FL 32256, DBA: Jessica B's Home Care, proudly licensed and certified as follows:

AHCA Issued License #889

Certificate #1543

Florida CNA License # CNA468355

We believe that by joining forces, we can expand access to quality support services and create meaningful impact in the lives of the individuals and families we serve.

Please review the enclosed Partnership Agreement Template, which outlines our shared goals, scope of services, and terms. We would be happy to discuss or customize this agreement to best suit our collaborative efforts.

1. Purpose

The purpose of this agreement is to establish a cooperative partnership in order to assist clients through individualized, one-on-one personal care and outreach. This partnership aims to enhance the well-being, dignity, and independence of individuals in our community through compassionate, non-medical home care and supportive services.

2. Shared Goals

- Providing high-quality, personal, one-on-one support to clients in need.
- Addressing the physical, emotional, and social needs of individuals.
- Coordinating efforts to ensure effective and continuous care.
- Promoting access to community resources and services.

3. Scope of Services

Magnolia Southern Care LLC agrees to:

- Offer non-medical home care services such as companionship, daily living assistance, and transportation.
- Perform client assessments and match clients with qualified caregivers.
- Maintain consistent communication regarding client care and progress.

Partner agrees to:

- Refer individuals who may benefit from Magnolia's services.
- Provide any agreed-upon complementary services (e.g., case management, food assistance, housing support).
- Share relevant client updates and feedback (with consent) to enhance care coordination.

4. Term of Agreement

This Agreement shall become effective on the date signed below and shall remain in effect for a period of one (1) year, with automatic renewal unless terminated in writing by either party.

5. Confidentiality

Both parties agree to maintain strict confidentiality of all client information and records, in accordance with HIPAA and all applicable privacy regulations.

6. Communication and Meetings

Both parties agree to maintain open communication and may schedule periodic meetings (e.g., quarterly) to review progress, discuss referrals, and evaluate partnership effectiveness.

7. Termination

Either party may terminate this agreement with thirty (30) days written notice. Both parties agree to coordinate client transition as needed to avoid disruption of care.

IN WITNESS WHEREOF, the parties have executed this Partnership Agreement as of the date first written above.

Magnolia Southern Care LLC
By: _____
Name: Jessica McCree Braddy, Healthcare Administrative
Title: _____
Signature: _____
Date: _____

[Partner Organization Name-

_____]
By: _____
Name: _____
Title: _____
Signature: _____
Date: _____