

# Electronic Healthcare Agreement

This Electronic Healthcare Agreement ("Agreement") is made between:

**Provider:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Patient:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

## 1. Purpose

This Agreement authorizes the electronic exchange of healthcare information between the Provider and the Patient.

## 2. Consent

The Patient grants permission for the Provider to use electronic means to transmit and receive healthcare records and information.

## 3. Confidentiality

Both parties agree to maintain the confidentiality of the transmitted information as required by applicable laws and regulations.

## 4. Termination

This Agreement may be terminated by either party at any time by providing written notice to the other party.

## 5. Acknowledgement

Both parties acknowledge that they have read, understood, and agree to the terms of this Electronic Healthcare Agreement.

Provider Signature:

Date:

Patient Signature:

Date: