

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: