**CONSENT AGREEMENT**

I [**Name, title, Clinic name**] (known as Clinic), consent to [**Vendor**] (known as Vendor), for the following:

1. Communication with Provincial Health Application Services User Support staff (PHAS), on behalf of this Clinic for application support related issues.
2. Communication with Medicare staff, on behalf of this clinic for billing/claim related issues.

The effective date of this consent is [**specify]**. Consent will remain in effect until revoked. The Clinic may revoke consent by submitting a written notification to Provincial Health Application Services User Support (PHAS) via email ([mceadmin@gnb.ca](mailto:mceadmin@gnb.ca)); PHAS will recognize this consent until the above notification has been received.

### Privacy

### The Vendor acknowledges and agrees that it secure and protect the information provided by the Clinic in accordance with the *Medical Services Payment Act, Right to Information and Protection of Privacy Act and the Personal Health Information Privacy and Access Act* or such other successor legislation in effect in the Province of New Brunswick from time to time and with any other relevant privacy protection legislation.

**This Agreement may be executed in one or more counterparts, each of which shall be deemed to be an original and all of which, when taken together, shall be deemed to be one and the same agreement or document. A signed copy of this Agreement transmitted by facsimile, email or other means of electronic transmission shall be deemed to have the same legal effect as delivery of an original executed copy of this Agreement for all purposes.**

Signatures:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Practice or Clinic: |  |  | Vendor Company Name: |  |
| Address: |  |  | Address: |  |
| City : |  |  | City |  |
| Province/State: |  |  | State/Province |  |
| Postal Code/Zip: |  |  | Postal Code/ Zip : |  |

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Name, Title Name, Title

As an official on behalf of Clinic

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Date Date