

# Information Sharing Agreement

**Date:** [Insert Date]

**Between:**

[Healthcare Institution Name 1]  
[Address]  
[City, State, Zip Code]

and

[Healthcare Institution Name 2]  
[Address]  
[City, State, Zip Code]

## Subject: Information Sharing Agreement

This Information Sharing Agreement ("Agreement") is made and entered into by and between the undersigned parties to establish the terms and conditions under which they will share patient information for healthcare purposes, ensuring compliance with applicable laws and regulations.

### 1. Purpose

The purpose of this Agreement is to facilitate the sharing of patient information to enhance patient care, improve health outcomes, and ensure continuity of care.

### 2. Definitions

For the purposes of this Agreement, the following terms shall have the meanings assigned to them:

- **Protected Health Information (PHI):** Any individually identifiable health information.
- **Disclosure:** The release, transfer, or provision of access to PHI.

### 3. Responsibilities of the Parties

Each party agrees to:

- Comply with all applicable laws and regulations regarding the protection of patient information.
- Limit the use and disclosure of PHI to the minimum necessary to achieve the purposes outlined in this Agreement.

#### **4. Duration**

This Agreement shall commence on the date above and shall continue until terminated by either party with written notice of [insert time period for notice].

#### **5. Signatures**

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

**[Healthcare Institution Name 1]**

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[Authorized Signature]

[Title]

**[Healthcare Institution Name 2]**

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[Authorized Signature]

[Title]