

ACCOUNT & CIPHER KEY REQUEST FORM

ACK REQUEST NO	
ENGAGEMENT NO	
DATE	7/31/2019

No. M6Q023592 Name of Facility Nomplete Rox AS SI., SM PRAMOSCO DUTRICA, PAGADUM ONLY, 2 AMBOMGA / DEL SUN Email Address Mbc_clinic@yahoo.com Contact No. (062) 948 -0706 / 09228724089 II. ENGAGEMENT INFORMATION Name of Service Provider No. CIPHER KEY COMPLIANCE AGREEMENT The UNDERSIGNED agrees/certifies to adhere to the following: 1. To use my account and cipher key information conscientiously and not to share and allow anyone to use this information in compliance to the Data Privacy Act. 2. To report any possible security problems / breaches immediately to PhilHealth for replacement of the HCI cipher key. 3. The undersigned is authorized to receive the Cipher Key in behalf of the Health Care Institution and that the cipher key will be used only for its intended purpose such as to encrypt the electronic medical data prior to submission to PhilHealth. 4. I am aware that PhilHealth will not be held liable / accountable for the loss and misuse of the cipher key and any other information breaches that may arise from this incident. 5. All the above information is true and correct to the best of my knowledge and belief.	I. HEALTH CARE INSTITUTION (HCI) INFORMATION		
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