

## Consent to Access, Use and Share Protected Health Information Using Health Information Exchange

Dear Patient:

In addition, your healthcare provider is participating in Harrison Medical Center's Health Information Exchange (HIE). An HIE provides the technology necessary for your healthcare provider to share appropriate elements of your care with other healthcare providers to facilitate referral, diagnosis and treatment.

Please take a moment to read the consent below, and make your selection. Please ask one of our staff for more information if you have any questions.

\_\_\_\_\_ Opt to participate: The below named patient, or his/her representative, gives consent to licensed medical professionals to use and disclose his/her protected health information to facilitate referral, diagnosis and treatment for continuity of care.

\_\_\_\_\_ Opt **not** to participate: The below named patient, or his/her representative, refuses or revokes consent to licensed medical professional to use and disclose his/her protected health information to facilitate referral, diagnosis and treatment for continuity of care.

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient Signature/Guardian

\_\_\_\_\_  
Today's Date