

CONSENT FOR MY HEALTHCARE PROVIDER TO VIEW MY HEALTH INFORMATION IN THE CARE QUALITY & COMMONWELL HEALTH INFORMATION EXCHANGE

Healthcare Provider(s): High Plains Primary Care This Consent form allows you to permit the above-named healthcare provider(s) ("Provider") to view and access your health information through a computerized system called a Health Information Exchange (HIE).

The HIE's collect health information from the places where you receive medical treatment and makes it available electronically to the Provider listed above. Your health information in the HIE's is used by the Provider for your medical treatment and to coordinate your medical care with other healthcare providers.

If you give your consent, the Provider will be able to view all of your health information in the HIE's for this episode of care.

You can give Consent or deny Consent. Your Provider cannot tell you that you must give Consent in order to receive medical treatment. You may stop the Provider from viewing your health information through the HIE's at any time.

Please read the information on page 2 before making your decision.

Your Consent choices (initial only one):

 I GIVE CONSENT for High Plains Primary Care to access ALL of my health information through the Health Information Exchanges listed on page 3 for the purpose of providing me with health care services, including emergency care.

 I DENY CONSENT for the Provider named above to access my health information through the Health Information Exchanges listed on page 3 for any purpose, even in a medical emergency, unless the law specifically permits it without my consent.

Patient Name (please print)

Date of Birth

Patient Signature

Date

The patient is an unemancipated minor or is unable to complete this Consent form due to a medical emergency, unconsciousness, incompetency, etc.; therefore, the above consent decision was made on behalf of the patient by:

Name (please print)

Date

Signature Relationship to Patient

PLEASE READ these details about the Camden HIE and your consent:

1. How your health information will be used: Your health information will be used by your Provider to:

- Provide you with medical treatment and related services
- Coordinate your medical care with other healthcare providers
- Improve the quality of medical care you receive

2. What types of information about you are included: Your health information may include a history of illnesses or injuries you have had (like diabetes or a broken bone), test results (like X-rays or blood tests), and lists of medications you have taken. This includes information created before and after the date of this Consent Form. Sensitive health conditions may also be included, such as:

- Alcohol or drug use problems
- Birth control, abortion, family planning
- Genetic (inherited) diseases or tests
- HIV/AIDS
- Mental health conditions
- Sexually transmitted diseases

- 3. Where health information about you comes from:** Health information about you comes from places that have provided you with medical care. These include: hospitals, physicians, pharmacies, laboratories, the Medicaid program, nursing care services, emergency medical services, and other health organizations that provide information to the HIE's.
- 4. Who may access information about you, if you give Consent:** Only authorized people that work for the Provider may access information about you through the HIE's. These include, but are not limited to:
 - Doctors and other medical and non-medical staff directly involved in your medical care
 - Doctors and other medical and non-medical staff on call or covering for your doctor and directly involved in your medical care
- 5. Penalties for improper use or access of your health information:** There are penalties for wrongful access to or use of your health information through the HIE's. If at any time you suspect that someone who should not have seen or gotten access to your health information has done so, contact the Provider listed on this form (806-993-6560) immediately.
- 6. Re-disclosure of information:** Health information about you may be re-disclosed by the Provider to others only to the extent permitted by state and federal laws and regulations. The healthcare providers who access this information through the HIE's must comply with these regulations.
- 7. Effective period:** This Consent Form will remain in effect until you notify our office to discontinue your enrollment in the HIE's.
- 8. Withdrawing your consent:** You may withdraw your consent at any time by signing a new Consent Form. Providers that have accessed your health information through these HIE's while your consent was in effect may copy or include your health information in their own medical records. If you decide to withdraw your consent, those providers are not required to return or remove your health information from their records.
- 9. Copy of Consent Form:** You are entitled to get a copy of this Consent Form after you sign it.

High Plains Primary Care is currently a member of the following Health Information Exchanges:

- ✓ Care quality
- ✓ Commonwell

Patient Name (please print) Date of Birth

Patient Signature

Date