

ABOUT HEALTHINFONET & THIS OPT-BACK-IN FORM

What is HealthInfoNet? HealthInfoNet is a secure computer system that brings your health information from different healthcare locations into one statewide electronic health record. Your providers use this information to make better decisions about your care. It can also help them prevent mistakes, especially in an emergency. Your health record includes information about your medicines, allergies, test results, and more.

Are my records private and secure? HealthInfoNet encrypts all information and uses secure computer connections to receive and share your health information. Only those involved in your care can look at your information. To learn more about who has looked at your HealthInfoNet record and when they looked at it, you can visit <http://hinfonet.org/for-patients>. Note that no system is ever completely secure, but HealthInfoNet makes every effort to keep your records safe.

What does it mean to “opt-back-in”? If you have previously chosen to not share your health information in a HealthInfoNet record (i.e., you have opted-out), but would now like to share your information with HealthInfoNet’s participating providers, you must opt-back-in (i.e., opt-out revoke) to this service. Completing this form will allow your general medical information to be shared again. When you do so, your HealthInfoNet record will begin to collect health information as of the date of this form and ongoing. For more information, you can visit our communication materials online: <http://hinfonet.org/for-patients>.

INSTRUCTIONS:

- **IF YOU HAVE PREVIOUSLY OPTED-OUT AND DO NOT WANT TO SHARE YOUR INFORMATION, DO NOT DO ANYTHING WITH THIS FORM.**
- **IF YOU HAVE PREVIOUSLY OPTED-OUT AND DO WANT TO SHARE YOUR INFORMATION, PLEASE COMPLETE THE FORM BELOW.**

If you would like to opt-back-in to sharing your general medical information with HealthInfoNet, please complete ALL sections of the following form and mail it to HealthInfoNet at 60 Pineland Drive, Auburn Hall, Suite 305, New Gloucester, ME 04260 or fax it to [207-541-9258](tel:207-541-9258).

Alternatively, if you would like to complete this form online please do so here: <https://map.hinfonet.org:8443/patientoptions/optin>

I CHOOSE TO SHARE MY GENERAL MEDICAL INFORMATION WITH HEALTHINFONET

*First Name**Middle Name**Last Name*

*Address**City**State**ZIP Code* Male Female X

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*Sex**Date of Birth (mm/dd/yyyy)**Social Security Number (not required)*

*Phone Number (XXX-XXX-XXXX)**Email Address*

By signing, I understand that my general medical information will be available to providers using HealthInfoNet.

Patient/Legal Guardian Signature/ /
Date (mm/dd/yyyy)