

ABOUT HEALTHINFONET & THIS OPT-OUT 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-out”? If you do not want your health information included in a HealthInfoNet record, completing this form will prevent it from being shared with HealthInfoNet’s participating providers. Your choice to opt-out (i.e., to not share your information) will not affect your ability to get medical care. If you decide later that you would like to include your health information in a HealthInfoNet record, you can complete an “opt-back-in” (i.e., opt-out revoke) form found online here: <http://hinfonet.org/for-patients>

INSTRUCTIONS:

- IF YOU **DO** WANT TO SHARE YOUR GENERAL MEDICAL INFORMATION, **DO NOT DO ANYTHING WITH THIS FORM.**
- IF YOU **DO NOT** WANT TO SHARE YOUR GENERAL MEDICAL INFORMATION, **PLEASE COMPLETE THE FORM BELOW.**

If you would like to opt-out of 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/optout>

I CHOOSE NOT TO SHARE MY GENERAL MEDICAL INFORMATION WITH HEALTHINFONET

First Name *Middle Name* *Last Name*

Address *City* *State* *ZIP Code*

Male Female X */* */* *-* *-*

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 health information will not be available to providers using HealthInfoNet, even in an emergency.

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