



Associates of Mid-Cities

### Health Information Exchange Authorization

Endocrine Associates of Mid-Cities participates in health information exchanges.

A health information Exchange (HIE) is an organization that oversees and governs the exchange of health-related information among organizations according to nationally recognized standards. A HIE is an electronic health information system that stores your patient health information from multiple healthcare providers participating in the HIE's. It allows your other health care providers to view your past health information for continued care and other uses included in the provider's Notice of Privacy Practices. Your information will be stored within the HIE system, but it will not be visible to or able to be used by providers unless you opt-in to participate.

I understand that my medical records are confidential and cannot be disclosed without my written authorization except when otherwise permitted or required by law. I understand that my medical information may include communicable disease information including HIV, AIDS, records related to mental health treatment, and alcohol and substance abuse health information from the HIE's, however some information may be included.

I authorize the above clinic to disclose my medical information described above to the HIE's in which it participates. Information used or disclosed pursuant to this authorization may be subject to re-disclose by other providers and such information may no longer be protected.

I understand that treatment or payment cannot be conditioned on my signing this authorization. I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon this authorization. I may submit a revocation request to the above clinic for processing. This authorization will remain in effect indefinitely, unless I revoke it in writing.

The HIE is not able to manage restrictions on disclosure of your health information. A restriction is a request by the patient to not disclose certain information to certain people or companies. If the restriction is or was agreed to by us or other participating HIE providers, then you must elect to opt-out of the HIE in order to protect your restriction. This must be done at each HIE participating provider you visit.

Hospital visit for Obstetric patients only: I also give this authorization for any child(ren) born to me during this visit. I authorize release of my medical information to the Health Information Exchange in which Endocrine Associates of Mid-Cities participates:

Yes  No

Acknowledgement:

I, the undersigned, certify that I have read and fully understand the information in this HIE authorization form. I understand that if I need to change any information I have provided on this form, I will notify a staff member promptly.

_____	_____	_____
Print Patient's Name	Date of Birth	Address

_____	_____	_____
Signature of patient or authorized representative	Relationship to patient	Date

A "legally authorized representative" is, 1) a legal guardian, 2) an agent authorized in a medical power of attorney or directive to physicians, 3) an attorney appointed by a court, 4) an attorney retained by the patient or the patient's legally authorized representative, 5) a parent or legal guardian or a minor, or 6) a person authorized under the Texas Consent To Medical Treatment Act: the patient's spouse, adult child, a parent of the adult patient, a person clearly identified, a person clearly identified in advance of incapacity to act for the patient, the nearest living relative, or a member of clergy. Written evidence of legally authorized representative status must be present to the clinic prior to the release of any information.