

-HealthInfonet Opt-Out Election Form-

The purpose of this form is to inform patients about what HealthInfoNet is and provide a way for a patient to opt out of participating in the statewide health information exchange if a patient does not wish to have his/her clinical information included in HealthInfoNet.

What HealthInfoNet Is and What the Benefits of Participation Are

HealthInfoNet (“HIN”) is a computer system that allows Maine hospitals, doctors and other health care providers to quickly share certain health information about their patients. This system improves the coordination of patient care by allowing health care providers in different health care settings to quickly share the most current health information about their patients. This is particularly important for patients who are treated by several health care providers in different locations or who receive emergency care from health care providers who are unfamiliar with their medical history. The system also acts as a back-up record in case of a natural disaster.

What Information is Included

HIN’s system uses an overview of certain health information from your medical record. This overview, which is HIN’s record, includes the following information:

- Registration information (name, address, gender, DOB, telephone number)
- Allergies
- Prescription medications
- Laboratory results
- Diagnostic study results such as x-ray reports
- Conditions, diagnoses or problems

HIN’s record will not include health care information that federal or state law considers sensitive such as confidential notes of your office visits, mental illness diagnoses, HIV/AIDS diagnoses, or genetic testing. HIN’s record may include other information that references sensitive information in your complete medical record such as medication commonly prescribed for mental health issues or HIV/AIDS, substance abuse, sexually transmitted disease and sexual abuse information.

The Purposes of Uses and Disclosures of the Information

Your health care provider is using HIN to electronically share your health information with other health care providers who are involved in your health care and who view this information in order to support your treatment. HIN is also helping your health care provider identify and report certain diseases that are required to be reported by Maine law to the Maine Center for Disease Control. Before accessing your medical information through HIN, your providers will be required to confirm that they are currently involved in your health care. Every time a provider accesses your record HIN’s system makes a record of that activity so that HIN can tell who has accessed your record.

How You Participate

You do not need to do anything to participate in HIN. Your health care provider will send the overview of your health information to HIN. If you choose not to participate you need to fill out and mail the attached opt out election form that lets HIN know that you do not want to participate. The information that you provide on the election form will not be used for any other purpose than to manage your election within the HIN system. If you choose not to participate, HIN will delete all health information about you that it has in its system at that time. If you chose not to participate, HIN will continue to maintain basic demographic information about you so that it can honor your choice not to participate.

Risks of Participation

The risks of participating in the system include the possibility that an unauthorized person might access HIN's record. It is also possible that inaccurate information might be included accidentally in HIN's record which could lead to mistakes about diagnoses and medication. Another risk is the potential reference to a medical condition you consider sensitive (such as references to sexually transmitted diseases, mental health issues, pregnancy, HIV status, chronic conditions, alcohol or drug conditions, or another condition you consider sensitive).

If You Chose Not to Participate In HealthInfoNet

Your health care information will continue to be stored electronically in your health care provider's electronic medical record even if you choose not to participate in HIN's statewide system. Your choice not to participate in HIN's system may prevent your health care providers from having current and complete information about you and from coordinating your care with other health care providers. Clinical information will also not be available through HIN to support your care in the event you are in a medical emergency and cannot tell providers about existing medical conditions. This could have a negative effect on the quality and efficiency of the health care services you receive. If you choose not to participate in HIN's system at this time, you can change your mind and choose to participate at a later time. However, if you choose not to participate at this time and change your mind at a later time, the only health care information that will be included in HIN's system is information that is created after the time you choose to participate.

If you do not want your health information included in HealthInfoNet at this time, please complete and mail the HealthInfoNet Opt Out Election Form to the following address:

**HealthInfoNet
Opt Out Election Form
P.O. Box 360
Manchester, ME 04351-0360**

For questions about the HealthInfoNet Opt Out Election Form or HealthInfoNet operations and services, please call 207-430-0676

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To elect to opt out of having your health information included in the HealthInfoNet system, complete the information requested below and mail this form to:

HealthInfoNet
 Opt Out Election Form
 P.O. Box 360
 Manchester, ME 04351-0360

Please note that Required Information Items are indicated by a “*”. All other information requested is optional.

First Name *	
Last Name *	
Date of Birth *	
Gender *	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address *	
City *	
State *	
Zip *	
Phone *	
Social Security	
Email Address	

I understand and acknowledge that by submitting this Opt Out Election form I do not want my personal health information included in the HealthInfoNet System. I understand that my choice not to participate in HIN’s system may prevent my health care providers from having current and complete health information about me and from coordinating my care with other health care providers. I also understand and acknowledge health information will not be available through HIN to support my care in the event I am in a medical emergency and cannot tell providers about existing medical conditions. I acknowledge that this could have a negative effect on the quality and efficiency of the health care services I receive.

Your Signature: _____ Date: ____/____/____