

HealthInfoNet helps your caregivers provide you better, easier, safer care. HealthInfoNet is a secure computer system that combines your key medical information from separate caregivers to create a single electronic health record. This includes information like your medicines, allergies, test results, and health problems. Having access to this information can help your caregivers participating in the system more easily work together, make better decisions about your care, and reduce mistakes, especially in an emergency. Not all of your medical information is included in the system, contact HealthInfoNet at 866-592-4352 to learn more.

HealthInfoNet takes every precaution to keep your records private and secure. Information is encrypted and sent over a private network not connected to the Internet. Information that identifies you will not be sold, and your name will not be added to any mailing list. Only participating caregivers see your information in the system, and it keeps track of who has looked at your record, when, and what they looked at. You can request a report of this information by filling out the form at www.hinfonyet.org/audit or by contacting us at 866-592-4352. Of course, no electronic system is completely secure and there is some risk of unauthorized access or misuse of information.

You can choose not to participate in HealthInfoNet. Participation is voluntary. If you feel the risks outweigh the benefits, you may choose not to participate ("opt-out"). Your choice to opt-out will not affect your ability to access medical care. If you opt-out, we remove your health information and keep only your demographic information, such as your name and birth date, to make sure no health information is added. If you opt-out, your health information will not be included unless you later take action to participate again ("opt-in"). Your record will only include information from medical visits that happen after you opt-in. To opt-in, call HealthInfoNet at 866-592-4352, or fill out a form online at www.hinfonyet.org/optin.

This notice is provided as required by Maine State law.

If you want your caregivers to share your medical information using HealthInfoNet, or if you have already opted out, no action is needed and you can discard this form.

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I Choose Not to Participate ("Opt-Out")

If you choose to opt-out, fill out this form and mail to: 125 Presumpscot Street, Box 8, Portland, ME, 04103, complete the same form securely online at www.hinfonyet.org/optout, or call HealthInfoNet to opt-out by phone. You may contact HealthInfoNet at 866-592-4352, 207-541-9250, or info@hinfonyet.org.

First Name	Middle Name	Last Name	
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Address	City	State	Zip Code
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Date of Birth (Month/Day/Year)	Sex (male/female)	Social Security Number* <i>*This is optional. However, if provided it can be used to make sure we remove the correct record. It will not be shared.</i>
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Daytime Telephone	Email
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By signing, I understand my health information will be removed and unavailable to caregivers using the system, even in an emergency.

Signature of Patient or Guardian	Date (Month/Day/Year)
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