



Vermont Health Information Exchange Consent Form

Patient name (Last, First, MI)

Patient birthdate

SAMPLE ONLY

Patient address

Name of Health Care Organization receiving this form

A health information exchange makes your medical records available to other health care providers. This form allows you to give your consent for all of your health care providers to use the exchange to care for you. Only providers who care for you are allowed to see and use your medical records on the exchange. Medical records may be lab test results and written reports. They may also include mental health and substance abuse treatment records.

Your providers can use the exchange to see their own records about you without your consent. Providers may also see your medical records without your consent if you need emergency care.

By signing this form, I agree to the following:

- I have been offered a brochure with more information about the exchange. I can ask Vermont Information Technology Leaders, Inc. (VITL), the State of Vermont Blueprint for Health, or my health care provider about how my medical records are kept private.
- I can choose to give or not to give my consent for providers to see and use my medical records from the exchange.
- I know that I will receive care, even if I do not sign this form.
- My consent will only end if the exchange stops or if I sign a revocation form.
- If I sign a revocation form my providers must stop seeing and using my medical records from other providers on the exchange. I can get that form from my health care providers or from VITL. That form will not apply to information from the exchange that my providers have already used and put in their medical records.

Please check only one of the following:

- I give my consent (Opt-in):
 - for all providers who care for me now and in the future to use a health information exchange to see and use my medical records from other providers. This may include mental health and substance abuse treatment records. They can use the medical records to get paid for my care. They can use the medical records for health care operations. My providers may only use my medical records as allowed under HIPAA and Vermont laws.
 - for all providers who care for me now and in the future to use the exchange to see and use information about my prescriptions. These prescriptions may come from many different sources. This may include mental health care and substance abuse treatment providers. They may also come from pharmacies, insurance plans, and pharmacy benefit managers.
- I do not give my consent (Opt-out).

SAMPLE ONLY

Signature of Patient (if patient is 12 years or older)

Date

SAMPLE ONLY

Signature of Parent or Authorized Representative (If patient is under age 18 or patient is incapacitated)

Date

Name of Parent or Authorized Representative

Relationship to Patient

For more information about this form, contact VITL toll-free at **888-980-1243** or **www.vitl.net/privacy**