I authorize the Texas Health Resources facilities, Texas Health Physicians Group and Texas Health Urgent Care to use my medical information as described in the Notice of Privacy Practices for my continuing medical treatment and to release my medical information to my health care providers using the Health Information Exchanges in which facilities participate. I understand that my medical information may include communicable disease information including Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), records related to mental health treatment and alcohol and substance abuse diagnosis or treatment, and I authorize release of that information as part of my medical record. Providers will attempt to exclude clearly identified mental health and substance abuse health information from the Texas Health Resources HIE, however some information may be included. Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient provider and no longer protected. A Health Information Exchange is an organization that oversees and governs the exchange of health-related information among organizations according to nationally recognized standards. Your information will be stored with 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 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 Health Information Management Department (Medical Records Department) of the Texas Resources facilities, Texas Health Physicians Group or Texas Health Urgent Care for processing. This authorization will remain in effect indefinitely, unless I revoke it in writing. Obstetric patients only: I also give this authorization for any child(ren) born to be during this hospitalization.

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 healthcare 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.

☐ I authorize ☐ I do NOT authorize
the release of my medical information to the Health Information Exchanges in which facilities participate:

Acknowledgment:
I, the undersigned, certify that I have read and fully understand the information in this Consent for Health Information Exchange form. I understand that if I need to change any information I have provided on this form, I will notify a staff member promptly.

Signature _____ Printed Name _____ Date _____ Time _____

If the person signing this form is not the patient, please give full name, relationship to patient, phone number and address:

Name _____ Relationship _____

Phone Number _____ Address _____

FACILITY NAME MUST BE FILLED IN BLANK BELOW

HIE

CONSENT FOR HEALTH INFORMATION EXCHANGE
CF-0767-HIE (12/20)

Patient Name: _____

DOB: _____

MRN: _____