

## CONSENT TO HEALTH INFORMATION EXCHANGE

**Global Care Medical Group, PC** participates in Health Information Exchanges (HIE) which are secure computer networks that allow participating health care and insurance providers nationwide to access information about you so that each provider has a complete picture of your health. Patient participation is intended to enhance coordination of care among multiple providers and may avoid the need for you to undergo duplicate tests. The information that may be provided to an information exchange includes both your medical and demographic information. Participation is optional. Please opt in or out by checking a box below and signing.

By my signature below, I hereby confirm that I have been provided written information about the Health Information Exchanges and all of my questions have been answered to my satisfaction. I understand that I may change my mind about participating in the network at any time by contacting **Global Care Medical Group, PC**. I understand that I have the right to request and receive an accounting of disclosures of access to my information through the HIE at any time. I understand that **Global Care Medical Group, PC** will not condition treatment, payment, enrollment or eligibility for benefits based on my decision to participate in this network.

OPT IN/AGREE TO SHARE

OPT OUT/DO NOT SHARE

\_\_\_\_\_  
Printed Name of Patient/Responsible Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient/Responsible Person

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date/Time

Am/Pm

\_\_\_\_\_  
Interpreter Signature/Language

\_\_\_\_\_  
Date/Time

Am/Pm