



CENTRAL GEORGIA HEALTH EXCHANGE

The next generation of patient information

Permission to Create a *Health Exchange* record and Share My Medical Information with my Healthcare Providers

We are taking part in an exciting program to improve your healthcare and make office visits easier and more convenient. To do this, all of your doctors participating in the Central Georgia Health Network, LLC (CGHN) *Health Exchange* program would like your permission to enroll you in the *Central Georgia Health Exchange* program. This will authorize those doctors to disclose important parts of your medical information so that it can be shared with other providers of healthcare to you (including doctors, nurses, and other health professionals, as well as hospitals and other healthcare facilities) and CGHN, through an electronic medical record. Only authorized healthcare providers and their agents, and others whose job it is to secure, monitor and evaluate the operation of the information system and quality of care, would be able to access your information. The *Central Georgia Health Exchange* will allow access to your health information more quickly and accurately than with paper charts.

The *Central Georgia Health Exchange* will contain a broad overview of vital medical information about you and will not include detailed confidential notes from your office visits. For instance, the Health Exchange record may include a list of your current medications, allergies, recent diagnoses (problems) and any surgery you may have had. You can choose the type of information to be included in the *Central Georgia Health Exchange*. "Sensitive Health Information" means information relating to testing, diagnosis or treatment with respect to mental condition, alcohol or substance abuse, sexually transmitted disease, or HIV/AIDS; spousal or child abuse information; and any genetic testing results. "Basic Health Information" may include all other information about you, including demographic, medical record and billing information, other than Sensitive Information. One or both of these two categories of information will be included only if you provide your written permission to include it.

Information disclosed pursuant to this permission may no longer be protected by federal health information privacy laws and may be subject to redisclosure. However, the *Central Georgia Health Exchange* system incorporates access controls, encryption technology and other security features designed to protect the privacy and security of your information. In addition, access to the *Central Georgia Health Exchange* will be limited to only those users who have agreed to use the *Central Georgia Health Exchange* consistent with your permission.

Your doctors participating in the *Central Georgia Health Exchange* program are asking permission to share your medical information through the *Central Georgia Health Exchange* for the following uses and disclosures:

- Clinical care
- Billing and financial management
- Administrative management
- Reports to public health agencies and other governmental requirements
- Reports to protect the security of your medical information
- Reports to evaluate the use of the *Central Georgia Health Exchange*
- Reports to track and evaluate the quality of your healthcare services
- Research to improve patient care and healthcare delivery.

You can learn more about the *Central Georgia Health Exchange* by reading the information booklet, "A Guide To The Central Georgia Health Exchange" that is available at the CGHE website (<https://www.CGHE.net>) or on request from your doctor's office.

BASIC HEALTH INFORMATION

Yes, I want my **Basic** Health information included in the Central Georgia Health Exchange as described above.

No, I do not want my **Basic** Health Information included in the Central Georgia Health Exchange as described above.

SENSITIVE HEALTH INFORMATION

Yes, I want my **Sensitive** Health Information included in the Central Georgia Health Exchange as described above.

No, I do not want my **Sensitive** Health Information included in the Central Georgia Health Exchange as described above.

I acknowledge that I have been given sufficient information and have had the opportunity to have my questions answered about the *Central Georgia Health Exchange*. I give permission to those described above to use and disclose my information, as described above.

I understand that I may withdraw this permission by giving written notice to Administrator, Central Georgia Health Exchange, 777 Hemlock Street, Hospital Box 98, Macon, GA 31201. Any withdrawal of permission will be effective except to the extent action already has been taken in reliance on this permission. This permission will expire if the *Central Georgia Health Exchange* program is discontinued.

I understand that my eligibility for treatment or any healthcare benefits cannot be conditioned on whether I sign this permission. However, to the extent I have indicated "NO" to any of the questions above, I understand that a *Central Georgia Health Exchange* record will not be available to other providers (including The Medical Center of Central Georgia).

Printed Name of Patient/Representative

Signature of Patient/Representative

Date

AUTHORITY OF REPRESENTATIVE:

I, _____, do hereby state that I am authorized to sign this permission on behalf of the patient on the following basis:

Relationship to Patient: _____

[A signed copy of this permission will be provided to the patient/representative]