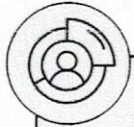
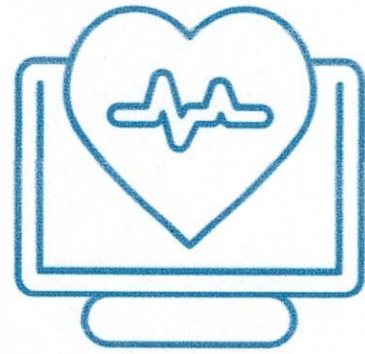


# Learn About Your HealthInfoNet Record

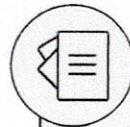


## What Is HealthInfoNet?

HealthInfoNet is a **secure computer system** that is used by the providers who care for you.

The system consolidates information about your health care events into a **single electronic record** so that you and your providers are informed about the care you receive.

HealthInfoNet's computer system makes it **easier, faster, and safer** for your providers to share your health records compared to traditional methods such as fax, email, and mail.



## What Is In My Record?

Your HealthInfoNet record contains information **recorded by your providers** during your care visits.

Depending on the reason for your visits, that may include your diagnoses, procedures, medications, allergies, test results, and other important documentation.

Your record also includes your demographics, like your name, date of birth, and primary address, so that your providers can best identify you upon presenting for care.



## How Is My Record Safe?

HealthInfoNet takes every precaution to keep your record **safe and secure**.

Your health information that is stored in HealthInfoNet's computer system is **never sold or added to mailing lists** and is only accessible to the providers who care for you.

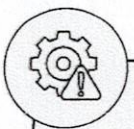
You can always **request a report** of which providers viewed your HealthInfoNet record by completing a Patient Record Access Request form found online.



## Why Should I Share My Information?

Your HealthInfoNet record is used by your providers to help them focus on **what matters most** to get you well again – especially in the case of an emergency.

While your HealthInfoNet record may help your providers make fewer mistakes, request fewer repeat tests, and find other improvements in the care you receive, your choice to share your information with HealthInfoNet is **voluntary**.



If you **do not want** your health information included in a HealthInfoNet record, you may choose to not share your health information with HealthInfoNet by filling out an "Opt-Out Consent Form for General Medical Information" that can be found online by visiting [www.hinfonet.org/for-patients](http://www.hinfonet.org/for-patients).



**ABOUT HEALTHINFONET & THIS OPT-OUT FORM**

**What is HealthInfoNet?** HealthInfoNet is a secure computer system that brings your health information from different healthcare locations into one statewide electronic health record. Your providers use this information to make better decisions about your care. It can also help them prevent mistakes, especially in an emergency. Your health record includes information about your medicines, allergies, test results, and more.

**Are my records private and secure?** HealthInfoNet encrypts all information and uses secure computer connections to receive and share your health information. Only those involved in your care can look at your information. To learn more about who has looked at your HealthInfoNet record and when they looked at it, you can visit <http://hinfonet.org/for-patients>. Note that no system is ever completely secure, but HealthInfoNet makes every effort to keep your records safe.

**What does it mean to "opt-out"?** If you do not want your health information included in a HealthInfoNet record, completing this form will prevent it from being shared with HealthInfoNet's participating providers. Your choice to opt-out (i.e., to not share your information) will not affect your ability to get medical care. If you decide later that you would like to include your health information in a HealthInfoNet record, you can complete an "opt-back-in" (i.e., opt-out revoke) form found online here: <http://hinfonet.org/for-patients>

**INSTRUCTIONS:**

- IF YOU DO WANT TO SHARE YOUR GENERAL MEDICAL INFORMATION, DO NOT DO ANYTHING WITH THIS FORM.
- IF YOU DO NOT WANT TO SHARE YOUR GENERAL MEDICAL INFORMATION, PLEASE COMPLETE THE FORM BELOW.

If you would like to opt-out of sharing your general medical information with HealthInfoNet, please complete ALL sections of the following form and mail it to HealthInfoNet at 60 Pineland Drive, Auburn Hall, Suite 305, New Gloucester, ME 04260 or fax it to 207-541-9258.

Alternatively, if you would like to complete this form online please do so here: <https://map.hinfonet.org:8443/patientoptions/optout>

**I CHOOSE NOT TO SHARE MY GENERAL MEDICAL INFORMATION WITH HEALTHINFONET**

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*First Name**Middle Name**Last Name*

---

*Address**City**State**ZIP Code*

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☐ Male   ☐ Female   ☐ X

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/   /

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-   -*Sex**Date of Birth (mm/dd/yyyy)**Social Security Number (not required)*

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*Phone Number (XXX-XXX-XXXX)**Email Address*

**By signing, I understand that my health information will not be available to providers using HealthInfoNet, even in an emergency.**

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*Patient/Legal Guardian Signature*

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/   /  
*Date (mm/dd/yyyy)*