

# The Health Information Exchange of Winchester Hospital and The Highland Healthcare Associates Independent Physicians Association (IPA)

## PATIENT AUTHORIZATION FORM

In this Authorization Form, you can choose whether to allow doctors, hospitals, and other health care providers who are involved in your medical care, health care providers who are covering for your providers, and the staff of these health care providers to share and obtain access to your medical records through eLINC. eLINC is a clinical patient information exchange system which gives your health care provider the ability to electronically share your health information with other health care providers involved in your care or the coordination of your care. This can help collect the medical records you have in different places where you get health care and make them available electronically to the providers treating you. The Massachusetts Health Information Highway (Mass HIway) is a collaboration between the Massachusetts Executive Office of Health and Human Services (EOHHS) and MeHI to deploy a secure statewide health information exchange. The Mass HIway enables the electronic movement of health related information among diverse organizations, such as doctors' offices, hospitals, laboratories, pharmacies, skilled nursing facilities and health plans. The HIway facilitates the exchange of clinical information among varied health care information systems, while maintaining the meaning of the information being exchanged, regardless of provider affiliation, location or differences in technology.

eLINC is an electronic health information exchange (HIE) managed and operated by Winchester Highland Management, a joint venture between Winchester Hospital and the Highland Healthcare Associates IPA, a physician organization of which your primary care physician may be a member. Through eLINC and/or Mass HIway, we share information about the health of our patients electronically and securely to improve the quality of health care services. This kind of sharing is called ehealth or health information exchange. It allows for faster and more efficient access to or sharing of health information contained on the eLINC HIE and/or through the Mass HIway. To learn more about the eLINC health information exchange, please ask your provider for the eLINC brochure or go to the website [www.elinc.biz](http://www.elinc.biz). To learn more about Mass HIway, please visit [www.mehi.masstech.org/health-information-exchange-0/mass-hiway](http://www.mehi.masstech.org/health-information-exchange-0/mass-hiway).

You may use this Authorization Form to decide whether or not to allow health care providers to send information about your care and treatment, and view and obtain access to your electronic health records. You can opt-in or opt-out of eLINC, and this form may be completed now or at a later date. If you choose to opt-in, you are giving your providers authorization to share and access your health information through both eLINC and Mass HIway. Once you opt-in with one provider who participates in eLINC or MA HIway, you will not need to opt-in again with additional providers who participate, and your information will be shared with any provider who is treating you. **Your choice will not affect your ability to get medical care or health insurance coverage. Your choice to opt-in or opt-out may not be the basis for denial of health services.**

If you check the **"OPT-IN"** box below, you are consenting for hospital and/or practice providers and staff involved in your care and treatment to send information about your care and treatment, and view and obtain access to all of your electronically available medical records through eLINC and Mass HIway. This may include information created before and after the date of this Authorization Form. Your health records may include clinical encounters, insurance information, history of illnesses or injuries you have had (like diabetes or a broken bone), social history, family history, vital signs, advanced directives, test results (like X-rays or blood tests), medical procedures performed, immunizations received, any food or medication allergies you may have, plan of care from your health care providers, and lists of medicines you have taken. This information may relate to sensitive health conditions, including but not limited to:

- Alcohol or drug use problems
- Genetic (inherited) diseases or tests
- Mental health conditions
- Birth control and abortion (family planning)
- HIV/AIDS
- Sexually transmitted diseases

If you check the **"OPT-OUT"** box below, you are saying "No hospital, doctor or other health care provider or provider staff may access or send my medical records through eLINC or Mass HIway for any purpose."

**Please carefully read the information on the back of this form before making your decision.**

**Your Choices:** You can fill out this form now or in the future. You have two choices. **Please, select only one of the following.**

- (OPT-IN) I AUTHORIZE** hospital, health care providers, and hospital and provider staff in the Winchester community accessing and sharing all of my electronic health information through eLINC and/or Mass HIway in connection with providing me any health care services, and treatment, including emergency care.
- (OPT-OUT) I DO NOT AUTHORIZE** hospital, health care providers, and hospital and provider staff in the Winchester community accessing and sharing my electronic health information through eLINC and/or Mass HIway for any purpose, *even in a medical emergency.*

**NOTE: UNLESS YOU CHECK THE "OPT-OUT/I DO NOT AUTHORIZE" BOX, Massachusetts law allows the people treating you in an emergency to get access to your medical records, including records that are available through eLINC and/or Mass HIway.**

I understand that my records are protected under federal and Massachusetts laws and regulations, and cannot be disclosed without my written authorization, except as otherwise specifically provided by law. I understand that I may revoke (cancel) this authorization at any time and I must do so in writing at the address below. I understand that any revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not be effective until it is actually received and processed. I understand that signing this authorization is voluntary. I understand that my medical records may be re-disclosed.

I understand that my medical records may contain information involving treatment for alcohol or drug abuse, and are also protected under the federal regulation 42 CFR Part 2, and any disclosure of my information to eLINC by my substance abuse treatment provider will include a notification that eLINC may not re-disclose my substance abuse treatment records without my authorization.

Further, information released with this authorization will not be given, sold, transferred or in any way disclosed to any other entity unless authorized by law, without my further authorization.

If I am enrolling my minor child, I understand and agree that when my child is between 12 and 18 years old that eLINC will not disclose substance abuse or family planning information to me, or if my child is between 16 and 18 eLINC will not disclose mental and/or behavioral health treatment to me. I also understand and agree that if my child is between 12 and 18 years old, or if my child is or was married, is a member of the armed services, is living apart from me and is financially independent, or reasonably believes herself to be pregnant (but not in regards to an abortion or sterilization), is a parent, or reasonably believes he or she has come into contact with a disease defined as a danger to public health (i.e. sexually transmitted disease), or has consented to emergency treatment eLINC will not disclose such information to me.

**Effective Period.** This Authorization Form will remain in effect until the day you withdraw your authorization or until such time as eLINC ceases operation, whichever is sooner.

\_\_\_\_\_  
Print Name of Patient

\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Signature of Patient or Patient's Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Legal Representative (if applicable)

\_\_\_\_\_  
Relationship of Legal Representative to Patient (if applicable)

## Details about Patient Information in eLINC, MA Hlway and the Authorization Process

1. **What is eLINC?** eLINC is a health information exchange network operated by Winchester Highland Management, LLC. eLINC provides the means for your clinician to electronically share and obtain faster and more efficient access to your health information safely and securely to improve the quality of health care services. This kind of sharing is called ehealth or health information exchange (HIE). You may ask a participant health care provider about eLINC or go to the website: [www.elinc.biz](http://www.elinc.biz) for additional information.
2. **What is The Mass Hlway?** The Massachusetts Health Information Highway (Mass Hlway) is a collaboration between the Massachusetts Executive Office of Health and Human Services (EOHHS) and MeHI to deploy a secure statewide health information exchange. The Mass Hlway enables the electronic movement of health related information among diverse organizations, such as doctors' offices, hospitals, laboratories, pharmacies, skilled nursing facilities and health plans. The Hlway facilitates the exchange of clinical information among varied health care information systems, while maintaining the meaning of the information being exchanged, regardless of provider affiliation, location or differences in technology. Using the Hlway can give doctors and other clinicians a more comprehensive understanding of their patients' full medical histories to inform a more complete delivery of their healthcare. For more information you may visit <http://www.mehi.masstech.org/health-information-exchange-0/mass-hlway> or call 1.855.MA-HIWAY (1.855.624.4929).
3. **How Your Information Will be Used.** Your electronic health information will be used by participating providers or health care organizations only to:
  - Provide you with medical treatment and related services
  - Check your health insurance for coverage and other necessary administrative matters
  - Evaluate and improve the quality of medical care provided to all patients
  - Health Care Operations

**NOTE: The choice you make in this Authorization Form does NOT allow health insurers to have access to your information for the purpose of deciding whether to provide you with health insurance or pay your health care claims. You can make that choice in a separate Authorization Form that health insurers must use.**

4. **What Types of Health Information about You is Included?** If you give authorization, hospital, doctors and other health care providers and hospital/provider staff, who are authorized eLINC users and involved in your treatment and care, including emergency care, may share or access all of your electronic health information that is available through eLINC and/or Mass Hlway. This includes information created before and after the date of this Authorization Form. Your health records may include health care encounters, insurance information, history of illnesses or injuries you have had (like diabetes or a broken bone), social history, family history, vital signs, advanced directives, test results (like X-rays or blood tests), medical procedures performed, immunizations received, food or medication allergies, plan of care, and lists of medicines you have taken. This information may relate to sensitive health conditions, including but not limited to:

<b>Alcohol or drug and treatment</b>	<b>Genetic (inherited) diseases or tests</b>	<b>Mental Health Conditions and/or treatment</b>
<b>Birth control and abortion (family planning)</b>	<b>HIV/AIDS</b>	<b>Sexually transmitted diseases</b>

5. **Where Health Information About You Comes From?** Information about you comes from places that have provided you with medical care or health insurance ("Information Sources"). These Information Sources may include hospitals, physicians, pharmacies and ePrescribing Networks, clinical laboratories, health insurers, the Medicaid program, and other ehealth organizations that exchange health information electronically. A complete list of current Information Sources is available from eLINC. You can obtain an updated list of Information Sources at any time by checking the eLINC website at [www.elinc.biz](http://www.elinc.biz) or by calling (781) 756-4052.
6. **Who May Access or Share Information About You, if You Give Authorization (OPT IN)?** Only the following people may access and/or share information about you: doctors and other health care providers who are involved in your medical care and treatment; health care providers who are covering or on call for your providers; and hospital/provider staff members who carry out activities permitted by this Authorization Form as described above in paragraph two.
7. **Who May Access or Share Information About You if You Do Not Give Authorization (OPT OUT) or You Withdraw Authorization?** No hospital, health care provider, or hospital or provider staff in the Winchester community may share or access your electronic health information through eLINC and/or Mass Hlway for any purpose, even in a medical emergency.
8. **Who May Access or Share Information About You, if You Made no Choice?** Health care providers involved in providing your emergency care may elect to access your information already existing on the eLINC HIE System or share your information through eLINC or Mass Hlway. All types of information access are audited and you have the right to request a report of who accessed or shared your health information on the eLINC network or Mass Hlway and why. Such a request can be made by contacting the eLINC Security and Privacy Officer at (781) 756-7890 or you can visit the eLINC website: [www.elinc.biz](http://www.elinc.biz) to submit your request.

9. **Penalties for Improper Access, Use or Disclosure of Your Information?** There are penalties for inappropriate access to or use of your electronic health information. If at any time you suspect that someone who should not have seen or received access to information about you has done so, call eLINC at: (781) 756-7890; or visit the eLINC website: [www.elinc.biz](http://www.elinc.biz) and submit a complaint for further investigation by the eLINC Security and Privacy Officer.
10. **Re-disclosure of Information.** Any electronic health information about you may be re-disclosed by your care providers to others only to the extent permitted by state and federal laws and regulations. This is also true for health information about you that exists in a paper form. Some state and federal laws provide special protections for some kinds of sensitive health information, including HIV/AIDS and drug and alcohol treatment. Their special requirements must be followed whenever people receive these kinds of sensitive health information. eLINC and persons who access or share this information through the eLINC and/or Mass HIway must comply with these requirements.
11. **Withdrawing Your Authorization.** You can withdraw your authorization at any time by signing a Withdrawal of Authorization Form and giving it to eLINC or your health care provider. You can also change your authorization choices by signing a new Authorization Form at any time. These forms are available on the eLINC website at [www.elinc.biz](http://www.elinc.biz), or by calling (781) 756-4052. Note: Organizations that access your health information through eLINC while your authorization is in effect may copy or include your information in their own medical records. Even if you later decide to withdraw your authorization, they are not required to return it or remove it from their records.
12. **Copy of Form.** You are entitled to get a copy of this Authorization Form after you sign it.