



If you want your healthcare providers to share your health information using HealthInfoNet, you do not need to do anything with this form.

**What is HealthInfoNet?**

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

**Are my records private and secure?**

HealthInfoNet encrypts all information and sends it over secure computer connections. Only those involved in your care can look at your information. To find out who has looked at your record and when they looked at it, go to [www.hinfonet.org/audit](http://www.hinfonet.org/audit). Of course, no system is 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 in a HealthInfoNet record, fill out this form to “opt-out”, or not share your health information. Your choice to opt-out will not affect your ability to get medical care. If you decide later that you want to have a HealthInfoNet record, you will need to call HealthInfoNet or fill out an “opt-in” form on the HealthInfoNet website at [www.hinfonet.org/optin](http://www.hinfonet.org/optin).

**I choose not to share my health information**

If you do not want a HealthInfoNet record, fill out this form and mail it to HealthInfoNet, 125 Presumpscot Street, Box 8, Portland, ME, 04103 or fax it to 1-207-541-9258. Or fill out this form online at [www.hinfonet.org/optout](http://www.hinfonet.org/optout).

If you have questions, call HealthInfoNet at 1-866-592-4352 or 207-541-9250, or email us at [info@hinfonet.org](mailto:info@hinfonet.org).

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Address City State Zip Code

Sex:  Male Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Female ( month / day / year ) Social Security Number – not required

\_\_\_\_\_  
Daytime Telephone Email

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

\_\_\_\_\_  
**Signature of Patient or Guardian** Date \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
( month / day / year )