Voyage HEALTHCARE
~ Health Begins Here ~

Electronic Health Information Exchange Consent Form

Electronic Health Information Exchange (HIE): Your Medical Team who treat you participate in an HIE, which allows your Medical Team to appropriately access and securely share information to achieve better care coordination and higher quality of care. The HIE includes a **health record locator service**, which can be used to identify the location of health records and other limited information.

Your Medical Team may retrieve or share your information through an HIE or similar database, and may utilize a health record locator service, so that they can receive facts to help treat you with quality care.

ACCEPT: If I **DO** wish my Medical Team or other Medical Teams who treat me to get and share my health information through an electronic health information exchange or a record locator service, I will check this box.

DECLINE: If I do **NOT** wish my Medical Team or other Medical Teams who treat me to get or share my health information through an electronic health information exchange or a record locator service, I will check this box.

I understand that this consent will not expire, but that I have the right to revoke my consent. If I choose to revoke my consent, I must do so in writing.

Patient Name (Please Print)

Patient or Legal Representative Signature

Date