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HIE Notification

WHAT IS HIE?

Health Information Exchange (HIE) allows your doctors, hospitals, and others who provide you with health care services, including your insurance company, to use computers/electronic devices to share your health information. Using HIE helps your health care providers to take care of you. All doctors and companies that use HIE to provide services to you must follow the law and rules to protect the privacy and security of your health information. BJC HealthCare & Washington University will share your health information for treatment purposes with the providers who have cared for you in the past and may care for you in the future. Your information will be shared through **National, State and Local Health Information Exchange Networks.**

CONSENT

Information about some health conditions is considered sensitive based on federal or state law (for example, health information regarding disabilities, alcohol abuse, drug abuse, mental health problems, diseases passed to others by having sex (HIV/AIDS), brain injuries, genetic testing, and sexual assault (collectively, "Sensitive Conditions")). Your health care providers may need to know about any Sensitive Conditions you may have in order to provide the best care for you. However, health care providers may need your permission to share your Sensitive Conditions information with your other health care providers.

By signing this form,

- I give my health care providers permission to share my Sensitive Conditions information with other health care providers in order to provide care to me.
- I understand that this consent starts on the date that I sign below and has no expiration date.
- I understand that information shared about me may be re-disclosed, including outside of the United States, and may not be protected by the United States health information privacy laws.
- I understand that I can change my mind at any time and NOT have BJC HealthCare & Washington University share my sensitive health information after the date that we receive my written letter. I understand that I cannot change my mind about information already shared before my letter is received. For information on how to revoke a previous authorization, please call 314-362-WELL (314-362-9355) or 800-392-0936.

By not signing this form, I understand that,

- My health care providers may not receive all of the information they need to care for me as quickly, or as well as they could using HIE, because they may be missing some important information.
- Much of my health information may still be shared in both traditional ways (paper, conversations, fax, etc.) and electronically with the exception of sensitive health condition information that requires my consent under state and/or federal law.
- I cannot be denied treatment or payment or to enroll or be eligible for benefits.
- It is my responsibility to inform my providers about any sensitive health conditions.

Signature of Patient and/or Legal Guardian

Date

Print Name of Patient

If a person other than the patient has signed above, indicate relationship to the patient:

Print Name

Relationship to Patient