

# Patient Participation Choices

## YOUR CHOICES

**1**

Share your general medical information with HealthInfoNet

**2**

Share your mental health information with HealthInfoNet (in addition to your general medical information)

**3**

**Do not share any** of your health information with HealthInfoNet

## YOUR ACTIONS

**No action required;** this information is already sent to HealthInfoNet

Fill out HealthInfoNet's opt-in consent form

-OR-

Give your provider one-time verbal authorization

Fill out HealthInfoNet's opt-out form

## YOUR DATA'S ACCESSIBILITY TO YOUR PROVIDERS

Your general medical information  
**AND**  
Your mental health information  
*(only in emergencies)*

Your general medical information  
**AND**  
Your mental health information  
*(in all encounters)*

Your general medical information  
**AND**  
Your mental health information  
*(only one-time access)*

None of your health information  
*(not even in emergencies)*