

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)