

Patient ID (Place patient sticker here)



CONSENT TO ELECTRONIC EXCHANGE OF MY HEALTH RECORD INFORMATION BETWEEN HUDSON PHYSICIANS AND HEALTHPARTNERS HOSPITALS & CLINICS

I am currently a patient of Hudson Physicians or HealthPartners Hospitals & Clinics. I am now, or expect to be, a patient of both and want each of these healthcare organizations to share my health records with each other for purposes of my medical care and treatment.

Which healthcare providers does this consent apply to?

- * Hudson Physicians means Hudson Physicians, S.C.
* HealthPartners Hospitals & Clinics means all of the healthcare providers in the HealthPartners family of care and their affiliates, including Hudson Hospital, Regions Hospital, HealthPartners Clinics and others.

What health information will be exchanged?

Electronic health information used for treatment purposes, and includes the most relevant clinical, demographic and administrative information from my health record. For example, dates of services, diagnoses, medication lists, problem lists, allergies, immunizations and lab results. I understand that if I have records related to mental health services, substance abuse treatment, developmental disabilities, or HIV test results, these may be included in the information shared between Hudson Physicians and HealthPartners Hospitals & Clinics.

I understand and agree:

I consent to:

Hudson Physicians receiving my HealthPartners Hospitals & Clinics health records, AND HealthPartners Hospitals & Clinics receiving my Hudson Physicians health records.

What if I change my mind?

If I change my mind, I will let the Health Information Management Department of either Hudson Physicians or Hudson Hospital know in writing. This change will apply to each organization and will be effective as soon as it can be processed. I understand that this change will not apply to information that has already been shared.

Patient Signature

Date

Time

Patient's Legal Representative

Relationship to Patient