HealthInfoNet

Form to stop sharing Mental Health/HIV Information

What is HealthInfoNet?
HealthInfoNet is a secure computer system that brings your health information from different healthcare providers into one statewide electronic health record. Your providers use this information to make better decisions about your care. It can also help them prevent mistakes, especially in an emergency. Your health record includes information about your medicines, allergies, test results, and more.

Are my records private and secure? HealthInfoNet encrypts all information and uses secure connections. Only those involved in your care can look at your information. To find out who has seen your record, visit www.hinfonet.org/audit. No system is completely secure, but HeathInfoNet makes every effort to keep your records safe.

Maine has separate rules about Mental Health/HIV information. This information is kept private *unless you indicate you want it shared*. You can authorize any provider to see your information at any time. Your other providers will only be able to see your information if you have a medical emergency. Your choice will not affect your ability to get medical care. If you decide later that you want to share your information again, contact HealthInfoNet or visit www.hinfonet.org/patients/your-choices.

I choose not to share my Mental Health/HIV Information

Fill out this form and mail it to HealthInfoNet, 60 Pineland Drive, Portland Hall, Suite 230, New Gloucester, ME 04260 or fax it to 1-207-541-9258.

Please check the box next to your choice(s)

☐ I choose ***not to share*** my Mental Health information

and/or

☐ I choose ***not to share*** my HIV information

First Name _____ Middle Name _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

Sex: ☐ Male ☐ Female

Date of Birth: _____/____/ _____ (month / day / year)

__ __ __ – __ __ – __ __ __ __ Social Security Number (not required)

Phone Number _____

Email _____

By signing, I understand that my Mental Health/HIV information will not be available to providers using HealthInfoNet.

Signature of Patient or Guardian _____

Date (month / day / year) _____/_____/_____

If you have questions, call HealthInfoNet at 1-866-592-4352 or 207-541-9250, or email us at info@hinfonet.org