



# HealthInfoNet Education Guide

## Consent Training: Tools for Behavioral Health Staff

### HealthInfoNet Contact Information

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# Introduction

**HealthInfoNet** has developed tools to help Behavioral Health Organizations educate leadership, staff and clients about HealthInfoNet, and we've aggregated them into one document for your easy review and access.

*The following documents will help you meet your legal requirements regarding Health Information Exchange (HealthInfoNet) in the State of Maine:*

1. **HealthInfoNet Consent Overview & FAQ for Behavioral Health Leadership**.....page # 4

**Intended Audience:** Behavioral health leadership (i.e., CEOs, clinical managers, etc.)

**Purpose:** This document is to be used by behavioral health leadership as an overview of HealthInfoNet, patient/client consent options, and frequently asked questions.

2. **How Mental Health Information is Managed by HealthInfoNet Infographic**.....page # 11

**Intended Audience:** Behavioral health staff conducting the consent education

**Purpose:** This infographic should be used by behavioral health staff to train other behavioral health staff within their organization that conduct consent education. This should not be used between staff and patients/clients.

3. **Best Practices when Educating Clients about HealthInfoNet**.....page # 13

**Intended Audience:** Behavioral health staff conducting the consent education

**Purpose:** This document should be used by behavioral health staff to train other behavioral health staff within their organization that conduct consent education.

4. **HealthInfoNet Training Script for Behavioral Health Staff** .....page # 14

**Intended Audience:** Behavioral health staff conducting the consent education

**Purpose:** For staff to use to inform patients/clients that: 1) their organization participates with HealthInfoNet, and 2) what the consent choices are between HealthInfoNet and the patient/client.



5. **“HealthInfoNet Packet of Information”** for Distribution to Clients by Staff  
Conducting the Consent Education and includes:

- The HealthInfoNet Flyer (Children).....page # 17
- The HealthInfoNet Flyer (Adults)..... page # 18
- The HealthInfoNet “Your Choices” Chart.....page # 19
- Form to Share Mental Health/HIV Information.....page # 20
- The HealthInfoNet Opt-Out Form.....page # 21
- The HealthInfoNet Opt-In Form.....page # 22
- Form to Stop Sharing Mental Health/HIV Information” .....page # 24

**Intended Audience:** Clients of participating Behavioral Health Organizations

**Purpose:** For Staff to use to educate patients/clients about HealthInfoNet and inform them of their consent options.

# Tool # 1

## HealthInfoNet Consent Overview & FAQ for Behavioral Health Leadership

### Purpose:

This document is to be used by behavioral health leadership as an overview of HealthInfoNet, patient/client consent options, and frequently asked questions

**(Please do not distribute to clients and general staff as it can confuse the messaging provided in Tool #3 and Tool #4)**

## HealthInfoNet Overview

(For Behavioral Health Leadership only)

### About HealthInfoNet

- HealthInfoNet helps health care providers provide better, easier, safer care. HealthInfoNet is a secure computer system that combines key medical information from separate caregivers to create a single electronic health record. This includes information like medicines, allergies, test results, and health problems.
- Providers with a treating relationship with an individual can access the medical information that's in HealthInfoNet for treatment purposes. Having access to this information helps all providers participating in the system work more easily together, make better treatment decisions, and reduce mistakes, especially in an emergency.
- When protected mental health and HIV information is included in HealthInfoNet, it is shielded from view and not accessible to an individual's treating provider unless the individual gives permission for it to be viewed or is in an emergency.
- HealthInfoNet takes every precaution to keep patient records private and secure. Information is encrypted and sent through secure computer connections. Identifying information will not be sold, and patient names will not be added to any mailing list.
- Only participating providers with a treating relationship can view an individual's information in the system. HealthInfoNet keeps track of who has looked at each record, when, and what they looked at. Individuals can request a report of this information by filling out the form at [www.hinfonet.org/audit](http://www.hinfonet.org/audit) or by contacting HealthInfoNet at 1-866-592-4352.



## HealthInfoNet Consent Options (For Behavioral Health Leadership Only)

### Patient/Client Consent Options

Patients or clients of participating health care organizations can choose whether or not to participate in HealthInfoNet. Participation is voluntary, and individuals have four options:

#### **Option 1 - Share medical information only:**

An individual's general medical information will be available to their treating providers to support treatment and care coordination. Protected mental health and HIV information will be shielded from view and not available to any provider, except in an emergency. **This option requires no action on the part of the individual and they DO NOT sign either the Opt-Out form or the "Form to Share Mental Health/HIV Information".**

#### **Option 2 - Share mental health and/or HIV information with an individual provider:**

Individuals, who choose option 1 (above), can also give permission for any one of their treating providers to "break the glass" and see the shielded mental health and HIV information at the point of care. When the provider leaves the HealthInfoNet portal, the mental health information will, once again, be shielded from view. This option requires the individual to give verbal permission at the point of care. **Individuals who make this choice DO NOT have to sign any forms.**

#### **Option 3 – Share mental health and/or HIV information with all providers participating in HealthInfoNet:**

Individuals can choose to make their mental health information available to their treating providers without needing to "break the glass." **This option requires individuals to sign the "Form to Share Mental Health/HIV Information".** Individuals can also reverse this decision using the same form.

#### **Option 4 – Remove all medical information, including mental health and HIV:**

An individual can choose to opt-out all their medical information, including their mental health and HIV Information. When an individual chooses to opt-out, all past information is deleted. Patients cannot choose to opt-out only medical information, mental health or HIV information. HIN Participation is "all or nothing". **This option requires an individual sign the Opt-Out form only.** Individuals can later change their mind, and opt their information back in by visiting the HealthInfoNet website [www.hinfonyet.org](http://www.hinfonyet.org) or by contacting HealthInfoNet at 1-866-592-4352.

## HealthInfoNet Consent Overview

### (For Behavioral Health Leadership Only)

### Consent Overview for Health Information Exchange (HIE)

**HealthInfoNet is the gatekeeper of the data that's in the health information exchange (HIE) and manages consent on behalf of its participating organizations.**

**(This is different than when behavioral health organizations share information with other providers directly.)**

- Maine State Law and HealthInfoNet's participation agreements make HealthInfoNet responsible for managing consent, not participating organizations.
- State law allows behavioral health providers to disclose patient data to HealthInfoNet without patient/client consent, or in legal terms, authorization. HealthInfoNet must shield the data and maintain an opt-in mechanism for the patient/client to choose to share their mental health and/or HIV data with their providers using the HIE.
- The consent relationship is between the individual and HealthInfoNet, with participating organizations serving as the messenger, responsible only for educating their patients/clients about HealthInfoNet and their options for participation.
- For HealthInfoNet's HIE, Maine State law moves the point at which a patient provides authorization to share their data from when it leaves the provider's health record system, to when it is viewed by a user of the HIE.

**The "Form to Share Mental Health Information" and the Opt-Out form provided by HealthInfoNet are NOT "Release of Information" forms.**

- Behavioral health providers need their patients/clients to sign "Release of Information" forms to share information with another provider of care. However, there is no release form necessary to allow participating organizations, including behavioral health and HIV providers, to send information to HealthInfoNet.
- Participating organizations do not need to track if a patient/client signs either the "Form to Share Mental Health/HIV Information" or the Opt-Out form. HealthInfoNet tracks all patient choices centrally, including opt-outs and decisions to share mental health/HIV information, as well as a patient's choice to reverse a decision previously made. Organizations may, however, want to track if an opt-out form was offered-to show compliance with state law.

## HealthInfoNet Legal/Contractual Consent Requirements (For Behavioral Health Leadership Only)

### Legal/Contractual Requirements of HealthInfoNet Participants Related to Consent

#### Maine law requires participating organizations to:

1. **Inform** patients/clients that the organization participates in HealthInfoNet

And

2. **Inform** patients/clients what their consent options are.

#### Maine law requires:

- Participating organizations to educate their patient/client and provide the Opt-Out form the first time a patient/client is cared for after the organization begins participation with HealthInfoNet.
- If a patient signs the Opt-Out form at the organization, the participating organization must send the form to HealthInfoNet within two business days.
- If a patient wants their mental health and/or HIV information to be available to all of their health care providers without “breaking the glass”, then the “Form to Share Mental Health/HIV Information” needs to be signed by the patient and witnessed by either a staff member at the participating organization or by a notary public before it is sent to HealthInfoNet. If a staff member witnesses the form, it must be sent by the participating organization, not the patient/client.



## HealthInfoNet Frequently Asked Questions

### (For Behavioral Health Leadership Only)

#### Frequently Asked Questions

**FAQ #1: I thought medical providers hand out the Opt-Out form and the behavioral health providers hand out the “Form to Share Mental Health/HIV Information”. Do I have to hand out the Opt-Out Form too?**

Yes. All participating organizations (whether medical or behavioral health) must provide education per Maine law about HealthInfoNet, including handing out the Opt-Out form.

**FAQ #2: Does the patient/client need to sign the “Form to Share Mental Health/HIV Information” when they give me permission to “break the glass” and see their mental health data?**

No. The “Form to Share Mental Health/HIV Information” is not used to track permission to “break the glass.” The “Form to Share Mental Health/HIV Information” allows an individual’s mental health and/or HIV information to be available to all of their treating providers without “breaking the glass.”

**FAQ #3: How do I prove that the patient/client gave me permission to “break the glass?”**

You “break the glass” while you are viewing an individual’s record in the HealthInfoNet clinical portal. A patient/client’s verbal consent serves as your permission to record in HealthInfoNet, via a drop-down menu, your patient/client’s permission to “break the glass.” This will “unshield” the mental health and/or HIV information for that individual only and for a limited period of time. Your patient/client’s unshielded mental health and/or HIV information can only be seen by you and remains shielded from view to other providers participating in HealthInfoNet.

**FAQ #4: Who tracks the “break the glass” mechanism?**

This can be tracked by both HealthInfoNet and the participating organization. All providers who use HealthInfoNet, including providers who “break the glass,” leave an audit trail that is available to both the participating organization and HealthInfoNet. This audit report is also available to patients/clients by request. This helps assure that data is used appropriately.

**FAQ #5: Is there a limit to how many times a client can allow me to “break the glass?”**

No. A client can allow you to “break the glass” at every visit if that’s what they choose to do.



**FAQ #6: I'm their mental health provider. Do I need to "break the glass" to see their mental health information in HealthInfoNet?**

Yes. Unless your client has opted in their mental health information is shielded from your view until that individual gives you permission to "break the glass."

**FAQ #7: But I'm the mental health provider, and if the mental health data that is in HealthInfoNet came from my EHR, why can't I see it? Don't I already have permission to see the information in HealthInfoNet if it's my data that's in the HealthInfoNet system?**

You can see the mental health data that's in your EHR while you're in your EHR system, but you can't see the mental health data in the HealthInfoNet clinical portal because your patient/client may have multiple mental health providers who are sending data to HealthInfoNet, and you can't view that data without authorization from the patient/client. So unless your patient/client has opted in their mental health information, you cannot see that information in the HealthInfoNet clinical portal unless they give you permission to "break the glass."

**FAQ #8: Do I need to get my patient/client to sign the "Form to Share Mental Health/HIV Information" before my organization can send that individual's data from my EHR to HealthInfoNet?**

No. The "Form to Share Mental Health/HIV Information" is **not** a "Release of Information" form that gives you permission to send that individual's data to HealthInfoNet. An individual signs the "Form to Share Mental Health/HIV Information" to allow their mental health and/or HIV information to be available to all of their treating providers without "breaking the glass."

**FAQ #9: But don't my patients/clients need to give me permission to send their mental health data to HealthInfoNet?**

No. State law allows behavioral health providers to send data to HealthInfoNet without patient/client authorization as long as HealthInfoNet shields the data and maintains mechanism for the patient/client to choose to share their mental health and/or HIV information. Your responsibility is to inform your client about your organization's participation in HealthInfoNet and about their options to participate.

**FAQ #10: But what about the patient/client right to authorize the disclosure of their health information to providers who access HealthInfoNet? Are you taking away their rights?**

No, HealthInfoNet is not taking away the right for individuals to authorize disclosure of their health information. Specific to HealthInfoNet, Maine State law has changed the point of authorization from when the patient's data leaves the provider's EHR to when the information is viewed by a user of the HIE. Your client still has the right to authorize disclosure of their health information using the opt-in mechanisms previously described. The authorization is simply given at a different point in the process than it does when you send your patient's information to another provider directly.

**FAQ #11: If a patient/client wants to opt-in their mental health and/or HIV information, do they need to have each of their mental health and/or HIV providers sign their opt-in form in order to send their data to HealthInfoNet?**

No. Per state law, when a patient/client opts-in they do this for all of their mental health and/or HIV providers participating with HealthInfoNet. All consent is managed centrally by HealthInfoNet.

**FAQ #12: How often do we need to talk to our patients/clients about HealthInfoNet?**

You're required to inform your patients/clients about HealthInfoNet one time - at the point of initial contact after your organization begins participation. You're not required to repeat it, although some organizations have chosen to do it annually. Many organizations find it helpful to provide information about HealthInfoNet at the same time as they provide other required information such as the Notice of Privacy, the AMHI Consent Decree, NAMI, and Substance Abuse Treatment and Protections.

**FAQ #13: If we're not sending data to HealthInfoNet, and we're "view-only," do we need to provide education about HealthInfoNet?**

Yes. If your organization is using HealthInfoNet, then the State of Maine requires that you educate your clients regarding their options to participate in the health information exchange.

**FAQ #14: When do I need a signature from my patient/client?**

You do not need a signature. You only need a signature if your patient/client wants to share their mental health and/or HIV information or if the patient chooses to opt-out. If the patient doesn't sign either the "Form to Share Mental Health/HIV Information" or the Opt-out form, then their general medical information will be available to their providers for treatment purposes while their mental health and HIV information is shielded from view unless they are in a medical emergency or they give an individual provider permission to "break the glass".

**FAQ #15: If a patient/client has not signed the "Form to Share Mental Health/HIV Information", does a participating provider need to "break the glass" to see medication information that's prescribed by a behavioral health provider?**

HealthInfoNet does not receive medication information from the behavioral health provider's EHR. Instead, HealthInfoNet obtains medication information from electronic pharmacy claims data via Surescripts and MaineCare. This information is available to providers for treatment purposes without "breaking the glass."

## Tool # 2

### Infographic: How HealthInfoNet Manages Mental Health Information

**Intended Audience:**

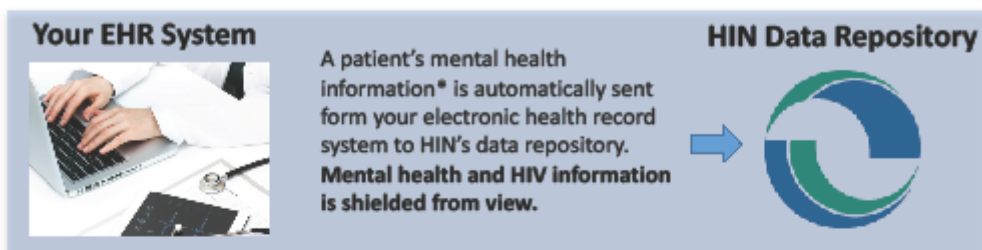
Behavioral Health Staff Conducting the Consent Education

**Purpose:**

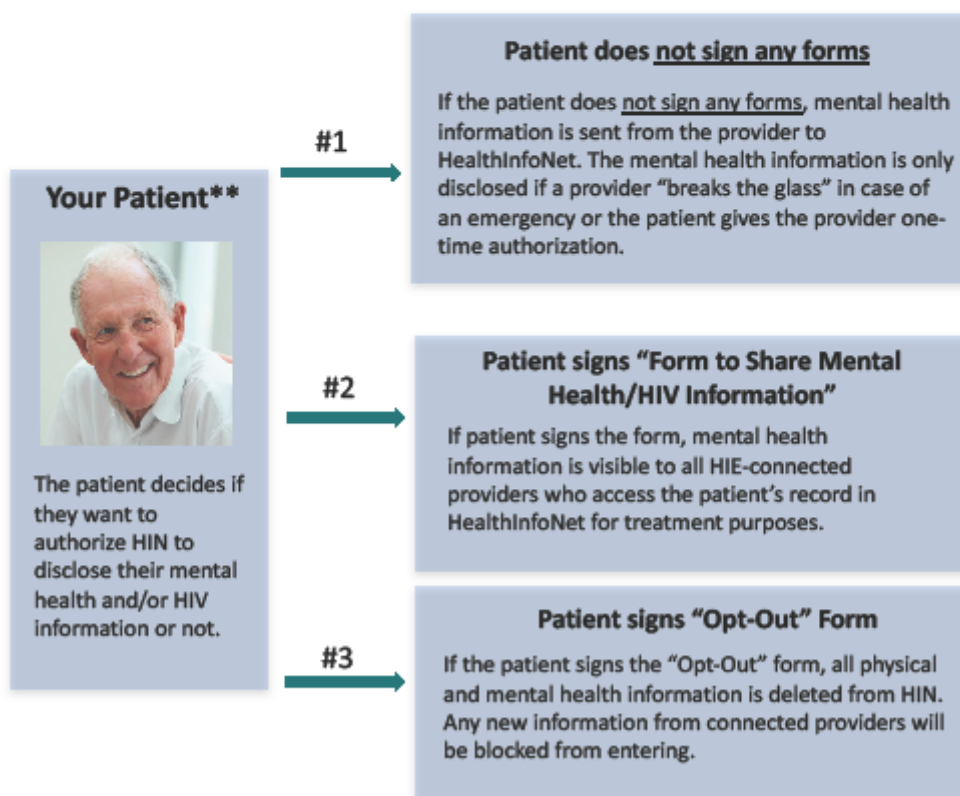
This document is a tool for behavioral health organization trainers to use when educating staff who will be providing Consent Education to clients.

*This should not be used between staff and patient/clients.*

## How Mental Health Information is Managed by HealthInfoNet



### Patient Options and Actions



\*Note: No substance abuse health information protected under federal law 42 CFR-Part 2 can be included in HealthInfoNet.

\*\*HIN refers to all healthcare consumers as "patients."

# HealthInfoNet Best Practices:

## Using Tools # 3 and #4 to Optimize Client Education

HealthInfoNet suggests that staff leverage the **HealthInfoNet Training Script (Tool #3 on page 14 of this guide)** and the **HealthInfoNet Packet of Information (Tool #4 on page 17 of this guide)** when providing client education about HealthInfoNet.

To simplify staff workflow and ensure that accurate information is given to clients, it's recommended that organizations utilize the tools in this guide and provide the following to staff who are educating clients about HealthInfoNet:

- **Tool #3 (page 14):**

A laminated copy of the “**HealthInfoNet Training Script**” for easy referral by staff when presenting the “Packet of Information” to each client

- **Tool #4 (page 17):**

A “**HealthInfoNet Packet of information**” prepared for each client that includes:

- HealthInfoNet Flyer (For Children)
- HealthInfoNet Flyer (For Adults)
- HealthInfoNet “Your Choices Chart”
- HealthInfoNet “Form to Share Mental Health/HIV Information”
- HealthInfoNet Opt-Out Form

## Tool #3

### HealthInfoNet Participation Training Script for Behavioral Health Staff

**Purpose:** for staff to use to inform patients/clients that:

- 1) Their organization participates with HealthInfoNet
- 2) What the consent choices are between HealthInfoNet and the patient/client.

*(Recommendation: Staff providing education uses a laminated copy of the following script when educating clients about HealthInfoNet to ensure accuracy.)*

### Staff Script

There are 3 steps that staff educating clients about HealthInfoNet need to follow:

1. Inform your clients about your organization's participation in HealthInfoNet.
2. Provide HealthInfoNet paperwork and review each form.
3. Review the client's choices to participate in HealthInfoNet.

#### **STEP 1: Staff informs patient/client that “we” (use name of org. or provider) now participate in HealthInfoNet.**

- We now participate in HealthInfoNet. HealthInfoNet is a secure computer system that brings your health information from different healthcare providers together into one electronic health record.
- HealthInfoNet helps us take better care of you.
- Our EHR only is not connected to the EHRs belonging to your other health care providers. HealthInfoNet gives us access to information from your other providers that's not available in our EHR which helps us to coordinate the best care possible for you.
- For example, HealthInfoNet includes information about your medicines, allergies, test results and more from other providers taking care of you.



- HealthInfoNet helps your health care providers make better decisions about your care. It can also help prevent mistakes, especially in an emergency.
- Your participation in HealthInfoNet is voluntary. You are not required to share your health information with HealthInfoNet. I am going to go over your choices with you.

## **STEP 2: Staff hands patient/client HealthInfoNet paperwork & reviews each form which includes:**

*Consent Options “Your Choices” Chart, “Form to Share Mental Health/HIV Information”, Opt-Out Form and One-Page summary about HealthInfoNet.*

- Here are some materials that tell you about HealthInfoNet.
- There’s a “Form to Share Mental Health/HIV Information” that you can sign if you want to share your mental health or HIV/AIDS information with all your providers using HealthInfoNet.
- There’s an Opt-Out form that you can sign if you do not want any of your health information included in HealthInfoNet.
- If you choose not to sign any form, your healthcare providers can see your medical information in HealthInfoNet, like medicines, allergies, and test results.
- If you do not sign anything, your mental health information and/or HIV is only available in an emergency, or if you give permission to a single provider to see it.
- You do not have to do anything at this time. You can take this paperwork home and think about it, or we can talk more about it if you’d like (see below).

## **STEP 3 (Optional): Staff further reviews patient/client “HealthInfoNet Choices”**

**You have four choices to participate with HealthInfoNet:**

1. If you want to share your medical (primary care, hospital etc.) information only, you do nothing.
2. If you want to share your mental health information, HIV information, or both, you fill out the “Form to Share Mental Health/HIV Information”. *This form must be witnessed by someone here, or a notary public.*
3. If you want to share your mental health Information, HIV information, or both, with an individual provider, you don’t sign anything. During your visit, you tell your participating provider that they have your permission to access your mental health, HIV information or both that exists in HealthInfoNet.
4. If you want to remove all your medical information from HealthInfoNet, fill out the Opt-Out form. This means your information will not be available to any providers, even in an emergency.





# Tool # 4

## HealthInfoNet Packet of Information

(Forms and Posters available for download on [HealthInfoNet website](#) and from Appendix on Page 28)

**Intended Audience:** Clients of participating behavioral health organization

**Purpose:** For staff to use to educate patients/clients about HealthInfoNet inform them of their consent options.

### **Provide at Initial Contact to All Clients:**

The following documents are for distribution to clients by staff who conduct the initial Consent Education and includes:

- **The HealthInfoNet Pediatric Flyer** (for practices working with children)
- **The HealthInfoNet Adult Flyer** (for practices working with adults)
- **The HealthInfoNet “Your Choices” Chart**
- **The HealthInfoNet Form to share Mental Health/HIV Information**  
(*Maine Law: This Form needs to be witnessed by a staff member from the Organization participating in HealthInfoNet, or by a Notary*)
- **The HealthInfoNet Opt-out Form** (to not share general health information) (*Maine Law: This Form needs to be faxed/mailed to HealthInfoNet within 2 business days*).

### **Do Not Provide to All Clients; Dispense only per Client Request:**

The following documents are for distribution *only to clients who have previously signed one of the consent forms (listed above) but have changed their minds* about their previous consent decisions:

- Opt-in Form (to share general health information)  
(*Only for clients who have previously signed the HealthInfoNet “Opt-out” form listed above and would now like to reverse their decision*)
- Form to stop sharing Mental Health/HIV Information  
(*Only for clients who have previously signed the HealthInfoNet Form to Share Mental Health/HIV Information and would now like to reverse their decision*)



Helps you get better, easier, safer care

### What is HealthInfoNet?

- HealthInfoNet is a secure computer system used by doctors, hospitals and other providers to share information in order to provide you with better and safer care.
- The system brings your health information together into one electronic health record.
- Providers already share your health records through fax, email, and mail. HealthInfoNet makes it easier, faster, and more secure.

### What is in my HealthInfoNet Record?

- Your HealthInfoNet record includes information about your health such as your medicines, allergies, test results, x-rays, and reports.
- It includes your name, birth date, address, sex, and phone number. It may also include your social security number, which is not shared.
- Mental health and HIV/AIDS information is only shared if you say it's OK or if you have a medical emergency.

### What are the benefits of having a HealthInfoNet record?

- HealthInfoNet helps your healthcare providers work together to make informed decisions about your care, especially in an emergency.
- Other benefits include, fewer mistakes, fewer repeat tests, less paperwork, lower costs, and better quality care.
- To learn more, go to [www.hinonet.org](http://www.hinonet.org) or call 866-692-4362.



### Are my records private and secure?

- HealthInfoNet takes every action to keep your records private and secure.
- Information is encrypted and sent through secure computer connections.
- Information that identifies you will not be sold or added to any mailing lists.
- Only those involved in your health care can look at your record. To request a report of who viewed your record and when, go to [www.hinonet.org/audit](http://www.hinonet.org/audit) or call 866-692-4362.
- Of course, no electronic system is completely secure. If you feel the risk outweighs the benefit, you may opt-out.

### What if I don't want a HealthInfoNet Record?

- If you do not want a HealthInfoNet record you may opt-out and decide not to share your health information through HealthInfoNet. If you opt-out, HealthInfoNet will remove your health information from the system and keep only your name, address and birth date, to make sure no health information is added. To opt-out, ask your healthcare provider for an opt-out form. You can also complete the form online at [www.hinonet.org/optout](http://www.hinonet.org/optout) or call 866-692-4362.
- If you decide later that you want a HealthInfoNet record, all you need to do is fill out an opt-in form. Your HealthInfoNet record will only include information from medical visits that happen after you opt-in. To opt-in, go to [www.hinonet.org/opt-in](http://www.hinonet.org/opt-in) or call 866-692-4362.

125 Presumpscot Street, Box 8, Portland, ME 04103 • 866-692-4362 • 207-641-9260 • [www.hinonet.org](http://www.hinonet.org)





Better. Easier. Safer.

## We participate in HealthInfoNet

HealthInfoNet is Maine's statewide Health Information Exchange, a secure computer system that helps you get better, easier, safer care.

- Combines information from your participating providers to create a single electronic health record.
- Helps your providers work together, make better decisions and reduce mistakes.
- Takes every precaution to keep your records private and secure.
- Participation is voluntary and you can choose not to participate.

A photograph of a middle-aged man with short brown hair, smiling as he kayaks on a calm lake. He is wearing a blue long-sleeved shirt and a bright red life vest. The background shows a lush green shoreline with trees and distant mountains under a clear sky.

**Gall bladder removed 2 years ago.**  
*Seeing cardiologist for an irregular heartbeat.*  
**Allergic to penicillin.**  
*High cholesterol.*

**Using HealthInfoNet helps John's providers see all his health information in one secure electronic location.**

For more information, ask your health care team or contact HealthInfoNet.

**[www.hinfonet.org](http://www.hinfonet.org)**  
 866-592-4352 or 207-541-9250



## Your Choices

**You have several choices for sharing  
information in your HealthInfoNet Record**

Your Choices	Action you need to take	General Medical information	Mental health & HIV information
Share your medical information only	Do nothing	Available to all participating providers	Available only in medical emergencies
Share your mental health information, HIV information, or both	Fill out a consent form available from your participating provider or HealthInfoNet and consent to share mental health, HIV or both	Available to all participating providers	The type of information you choose will be available to all participating providers
Share your mental health information, HIV information, or both, with an individual provider	During your visit, tell your participating provider they have your consent to access your mental health, HIV/AIDS information or both	Available to all participating providers	Available to that individual provider during that visit. You will need to give permission next time you want them to have access
Remove all your medical information from HealthInfoNet	Fill out an opt-out form available from HealthInfoNet, your provider, or online at <a href="http://www.hinfo.net.org/optout">www.hinfo.net.org/optout</a>	All information is deleted from your record and will not be available to your participating providers, even in an emergency	All information is deleted from your record and will not be available to your participating providers, even in an emergency





## Form to share Mental Health/HIV Information

If you do not want to share your Mental Health/HIV information, do nothing with this form.

### 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](http://www.hinfonet.org/audit). No system is completely secure, but HealthInfoNet 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 do not want to share your information, you can revoke your choice by contacting HealthInfoNet or by visiting [www.hinfonet.org/patients/your-choices](http://www.hinfonet.org/patients/your-choices).

### I choose to share my Mental Health/HIV Information.

Fill out this form and mail it to HealthInfoNet, 125 Presumpscot Street, Box 8, Portland, ME, 04103  
or fax it to 207-541-9258.

***This form must be witnessed and signed by healthcare staff, Notary Public, or HealthInfoNet staff.***

***It needs to be handed to your participating provider or in person at HealthInfoNet's office.***

If you are unable to do this, you may have the form notarized and mailed to us. Once we receive this form, your Mental Health/HIV information will be available to all your providers using HealthInfoNet.

Please check the box next to your choice(s)

☐ I choose to share my Mental Health information

and/or

☐ I choose to share my HIV information

First Name		Middle Name		Last Name	
Address		City		State	Zip Code
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____ ( month / day / year )		Social Security Number (not required)		
Phone Number			Email		
Signature of Patient or Guardian <i>required</i>				Date (month / day / year)	
Witness Signature <i>required</i>		Witness Print Full Name <i>required</i>		Healthcare Organization <i>required</i>	
On ____/____/____, I attest that the above signer is personally known to me or established his/her identity by presenting government-issued photo identification.					

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





## Opt-out Form

(to **not** share general health information)

If you **want to share** your health information through HealthInfoNet,  
you do not need to do anything with this form.

### 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 sends it over secure computer connections. Only those involved in your care can look at your information. To find out who has looked at your record and when they looked at it, go to [www.hinfonet.org/audit](http://www.hinfonet.org/audit). Of course, no system is completely secure, but HealthInfoNet makes every effort to keep your records safe.

### What does it mean to "opt-out"?

If you do not want your health information in a HealthInfoNet record, fill out this form to "opt-out", or not share your health information. Your choice to opt-out will not affect your ability to get medical care. If you decide later that you want to have a HealthInfoNet record, you will need to call HealthInfoNet or fill out an "opt-in" form on the HealthInfoNet website at [www.hinfonet.org/optin](http://www.hinfonet.org/optin).

### I choose **not** to share my health information

Fill out this form and mail it to HealthInfoNet, 125 Presumpscot Street, Box 8, Portland, ME, 04103 or fax it to 1-207-541-9258,

Or fill this form out online at [www.hinfonet.org/optout](http://www.hinfonet.org/optout)

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

First Name	Middle Name	Last Name
Address	City	State      Zip Code
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:    /    / (month / day / year )	Social Security Number (not required)
Phone Number	Email	

*By signing, I understand that my health information will **not** be available to providers using  
HealthInfoNet, even in an emergency.*

_____ Signature of Patient or Guardian	_____ / _____ / _____ Date (month / day / year )
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This notice is provided as required by Maine State Law.





## Not For General Distribution

Distribute the following form only to Clients who have previously signed:

1. The “Opt-Out Form” to not share general medical information (found on page # 21)

AND

2. Have now changed their minds about their previous consent decisions, and would like their general medical information to be available in HealthInfoNet.



## Opt-in Form

(to share general health information)

Fill out this form if you have previously chosen not to participate and have opted out,  
and now you want your to share your health information using HealthInfoNet.

### 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 sends it over secure computer connections. Only those involved in your care can look at your information. To find out who has looked at your record and when they looked at it, go to [www.hinfonet.org/audit](http://www.hinfonet.org/audit). Of course, no system is completely secure, but HealthInfoNet makes every effort to keep your records safe.

### I choose to share my health information

Fill out this form and mail it to HealthInfoNet, 125 Presumpscot Street, Box 8, Portland, ME, 04103 or fax it to 1-207-541-9258,  
Or fill this form out online at [www.hinfonet.org/optin](http://www.hinfonet.org/optin)  
if you have questions, call HealthInfoNet at 1-866-592-4352 or 207-541-9250, or email us at [info@hinfonet.org](mailto:info@hinfonet.org).

First Name	Middle Name	Last Name
Address	City	State      Zip Code
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:    /    / (month / day / year )	____ - ____ - ____ Social Security Number (not required)
Phone Number	Email	

*By signing, I understand that my health information will be available to providers using  
HealthInfoNet. The record will only include information from medical visits after the date below.*

<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Signature of Patient or Guardian	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Date    /    / (month / day / year )
---	--

This notice is provided as required by Maine State Law.





## Not For General Distribution

Distribute the following form only to Clients who have previously signed:

1. The **consent form to share their Mental Health/HIV Data** without a provider needing to “break the glass” (found on page # 20)

**AND**

2. **Have now changed their minds** about their previous consent decisions and would like their Mental Health/HIV Data to be shielded from view, except in an emergency or when giving



## 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.hinfonyet.org/audit](http://www.hinfonyet.org/audit). No system is completely secure, but HealthInfoNet 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.hinfonyet.org/patients/your-choices](http://www.hinfonyet.org/patients/your-choices).

### I choose **not to share** my Mental Health/HIV Information.

Fill out this form and mail it to HealthInfoNet, 125 Presumpscot Street, Box 8, Portland, ME, 04103 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: <input type="checkbox"/> Male	Date of Birth: ____/____/____				
<input type="checkbox"/> Female	( month / day / year )		Social Security Number (not required)		
Phone Number			Email		
<p><b>By signing, I understand that my Mental Health/HIV information will <u>not</u> be available to providers using HealthInfoNet.</b></p>					
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@hinfonyet.org](mailto:info@hinfonyet.org)



## Final Note

PDFs of the HealthInfoNet flyers and forms are available in the Resources section of HealthInfoNet's Website. To download, please open the "Communications Tools" at: <http://hinfonet.org/resources/>

(You can also copy the forms and flyers directly from the Appendix on the following page)

### Thank you to our participating Behavioral Health Organizations

We appreciate your continued support of better quality care through Health Information Exchange, and we're here to make that as easy as possible for you.




Please don't hesitate to contact me with any questions regarding Consent and HealthInfoNet. I look forward to working with you.




Thank you,





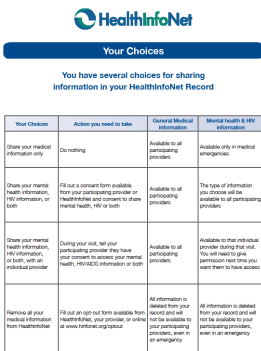

*Gemma*

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## Appendix

File Description	Thumbnail Preview	File (CTRL+Click on PDF Icon to Open)
<p><b>HealthInfoNet Opt-Out Form</b></p> <p>This is the form you must provide patients with upon initial contact with your facility after you go live with the HIE.</p>		<p><b>PDF</b></p> <p><b>Opt-Out Form pdf.</b></p> <p>(To <i>not</i> share general health information)</p>
<p><b>HealthInfoNet Opt-In Form</b></p> <p>This is the form you provide to patients who have previously chosen not to participate in HealthInfoNet, and now they have changed their minds and want to share their health information using HealthInfoNet.</p>		<p><b>PDF</b></p> <p><b>Opt-In Form pdf.</b></p> <p>(To share general health information in the HIE, reversing a previous choice to “opt-out”)</p>
<p><b>HealthInfoNet Consent to Share Mental Health and HIV/AIDS Records</b></p> <p>This is the form you provide your patients if they choose to share their mental health and/or HIV information with their Health Care providers without needing to “break the glass”. This form must be signed by a staff member at the provider organization.</p>		<p><b>PDF</b></p> <p><b>Form to Share Mental Health/HIV Information pdf.</b></p> <p>(To <i>share</i> Mental Health/HIV Information without “breaking the glass”.)</p>

File Description	Thumbnail Preview	File (CTRL+Click on PDF Icon to Open)
<p><b>HealthInfoNet Consent to stop sharing Mental Health and HIV/AIDs Records</b></p> <p>This is the form you provide your patients if they have previously signed a “HealthInfoNet Consent to Share Mental Health/HIV Records” Form, but they have now changed their minds and would like to revoke their previous consent.</p>		<p><b>PDF</b></p> <p><b>Form to Stop Sharing Mental Health/HIV Information pdf.</b></p> <p><i>(Mental Health &amp; HIV information will go into HIE, but it will be shielded from view unless provider “breaks the glass”)</i></p>
<p><b>HealthInfoNet Provider Poster</b></p> <p>This poster is for your staff and providers. It should be given to staff prior to training and/or put up in staff areas.</p>		<p><b>PDF</b></p> <p><b>HealthInfoNet Provider Poster pdf.</b></p>
<p><b>HealthInfoNet 4-Page Brochure</b></p> <p>This brochure can be printed and placed in patient waiting areas. This brochure document is in an 8.5” x 11” format, but there is an 11” x 17” format as well.</p>		<p><b>PDF</b></p> <p><b>HealthInfoNet 4-Page Brochure pdf.</b></p>

File Description	Thumbnail Preview	File (CTRL+Click on PDF Icon to Open)
<h3>HealthInfoNet Consumer Poster (Adult)</h3> <p>This poster is for you to put up in your waiting rooms or anywhere else that patients may see it.</p>		 <b>HealthInfoNet Poster (Adult) pdf.</b>
<h3>HealthInfoNet Consumer Poster (Child)</h3> <p>This poster is for you to put up in your waiting rooms or anywhere else that patients may see it.</p>		 <b>HealthInfoNet Poster (Child) pdf.</b>
<h3>HIE Consent Options</h3> <p>This can be used to quickly provide patients a summary of their options for consent and the actions they need to take. You may consider laminating this and having it at registration or including on your HealthInfoNet page on your website.</p>		 <b>Your Choices Chart pdf.</b>

