



You are receiving this notice in follow-up to your request for an audit report from HealthInfoNet. If you are not interested in receiving this report, you may discard this information, otherwise please review the following information carefully.

About HealthInfoNet

HealthInfoNet helps your caregivers provide you better, easier, safer care. HealthInfoNet operates a secure computer system that combines your key medical information from separate caregivers to create a single electronic health record. HealthInfoNet takes every precaution to keep your records private and secure and participation is voluntary. For more information visit www.hinfonyet.org or call 866-592-4352.

HealthInfoNet keeps track of which caregivers have looked at your record, including when they looked at it and what parts they looked at. To receive a list of this information ("an audit report") please do the following.

Receiving your Record Audit Report

To protect your privacy we need to know who you are ("verify your identity") before we can give you the audit report. To receive your audit report you will need to do one of the following:

1. Fill out and sign the attached form in front of a notary public, have the notary public notarize your signature, and mail the completed form to HealthInfoNet at the address listed on the form.
2. Call HealthInfoNet at the phone number listed on the form to **schedule a time to come to our office in person to fill out the form**. You must bring with you a **government-issued picture ID such as a driver's license or passport**. This option does not require a notary public signature.

Once we have received your completed Record Audit Request Form and verified your identity, your audit report will be mailed to the address you provide on the form within two business days.

Sincerely,

Shaun Alfreds, Executive Director & CEO



Record Audit Request Form

HealthInfoNet keeps track of which caregivers have looked at your record, including when they looked at it and what parts they looked at. To request a list of this information (“an audit report”), fill out this form and bring in person or mail to: 125 Presumpscot Street, Box 8, Portland, ME 04103, or contact HealthInfoNet at 866-592-4352 or 207-541-9250 to have a form mailed to you.

To protect your privacy we need to know who you are (“verify your identity”) before we can give you an audit report. To receive your audit report you will need to do one of the following: fill out this form, have it notarized and send it to HealthInfoNet or come in person to HealthInfoNet with a government –issued photo ID. Once we have received your completed form and verified your identity, your audit report will be mailed to you within two business days.

First Name Middle Name Last Name

Address City State Zip Code

Date of Birth (Month/Day/Year) Must be 18+ Sex Social Security Number*
*This is optional. However, if provided it can be used to make sure we audit the correct record. It will not be shared.

Daytime Telephone Email

Signature of Patient Date (Month/Day/Year)

For HealthInfoNet Use Only

On ___/___/___, I attest that the above signer established his/her identity by presenting a government –issued photo identification or notary signature and seal.

HealthInfoNet Employee Signature Print Name

For Notary Public’s Use Only

State of: _____ County of: _____

On ___/___/___, before me, _____

personally appeared, _____.

With my signature, I attest that the above signed is personally known to me or established his/her identity with me by presenting government-issued photo identification.

Witness my hand and official seal

(Seal)

Notary Public Signature Print Name