

Date:

Address:

Dear Ms./Mr.:

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

About HealthInfoNet

HealthInfoNet helps your health care team provide you better, easier, and safer care. HealthInfoNet operates a secure computer system (Health Information Exchange or "HIE") that combines your key medical information from separate health care providers to create a single electronic health record. HealthInfoNet takes every precaution to keep your records private and secure. Please note that participation is voluntary. For more information visit www.hinfonyet.org or call 866-592-4352 or 207-541-9250.

HealthInfoNet keeps track of which of your treating health care providers, at what health care facility, and when, have looked at your record. To receive this information (a "record access report") please do the following.

Receiving your Record Access Report

To protect your privacy we need to know who you are ("verify your identity") before we can give you the Access Report. To receive your Access 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 Access Request Form and verified your identity, your Access Report will be mailed to the address you provide on the form within two business days.

Sincerely,

HealthInfoNet

Shaun T. Alfreds
Executive Director & Chief Executive Officer

Record Access Request Form - HealthInfoNet keeps track of which caregivers have looked at your record and when they looked at it. To request a list of this information (“a record access report”), fill out this form and bring in person or mail to: Portland Hall, 60 Pineland Drive, Suite 230, New Gloucester, ME 04260, 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 access report. To receive your access 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 access report will be mailed to you within two business days.

First Name	M.I.	Last Name
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Address	City.	State	Zip Code
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Date of Birth (M/D/Y) – Must be 18+	Sex.	*SSN	<small>*Optional. If provided, it can be used to make sure we access the correct record. SSN will not be shared.</small>
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**Record Access Dates: From (M/D/Y): _____ To (M/D/Y) _____

Daytime Telephone	Email
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Signature	Date (M/D/Y)
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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.	(Seal)
Witness my hand and official seal	
_____ Notary Public Signature	_____ Print Name

****Optional if you are looking for a specific timeframe.**