

**Behavioral Health Staff Script
*Instructions:*** *This script can be used by any healthcare professional to inform patients/clients that their organization participates with HealthInfoNet and hat the consent choices are between HealthInfoNet and the patient/client.*

**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.

**2. Staff hands patient/client HealthInfoNet paperwork & reviews each form:**

*This includes: Consent Options “Your Choices” Chart, Opt-In Form, Opt-Out Form and One-Page summary about HealthInfoNet.*

* Here are some materials that tell you about HealthInfoNet.
* There’s an Opt-In form 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 and 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).

**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 Opt-In form. 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.