

ABOUT HEALTHINFONET & THIS RECORD ACCESS REQUEST FORM

What is HealthInfoNet? HealthInfoNet is a secure computer system that brings your health information from different healthcare locations 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 computer connections to receive and share your health information. Only those involved in your care can look at your information. Note that no system is ever completely secure, but HealthInfoNet makes every effort to keep your records safe.

What does it mean to request a record access report? If you are interested in learning more about which of your providers have accessed your HealthInfoNet record and when they accessed it, you can complete this Patient Record Access Request Form to request a report from HealthInfoNet that includes this information.

INSTRUCTIONS:

- **COMPLETE THE FORM BELOW, HAVE IT NOTARIZED, AND SEND IT TO HEALTHINFONET EITHER VIA MAIL OR FAX.**
 - **MAILING ADDRESS: 60 PINELAND DRIVE, AUBURN HALL, SUITE 305, NEW GLOUCESTER, ME 04260**
 - **FAX NUMBER: (207) 541-9258**
- **ONCE WE HAVE RECEIVED A COMPLETED FORM AND VERIFIED YOUR IDENTITY, YOUR REPORT WILL BE MAILED TO YOU WITHIN TWO (2) BUSINESS DAYS.**

First Name *Middle Name* *Last Name*

Address *City* *State* *ZIP Code*

Male Female X / / - -

Sex *Date of Birth (mm/dd/yyyy)* *Social Security Number (not required)*

Phone Number (XXX-XXX-XXXX) *Email Address*

Record Access Dates From (mm/dd/yyyy) *Record Access Dates To (mm/dd/yyyy)*

Note: Record Access Dates From/To are only required if only certain dates are desired for reporting purposes

Patient Signature *Date (mm/dd/yyyy)*

BEFORE SENDING THIS FORM TO HEALTHINFONET, PLEASE SEE THE NEXT PAGE FOR THE NOTARY PUBLIC'S USE.

FOR NOTARY PUBLIC'S USE ONLY

State of: _____ County of: _____ On ____ / ____ / ____

The foregoing instrument was acknowledged before me, by _____
Name of Person Acknowledged

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

[Place Seal Here]
Seal Optional

Notary Public/Maine Attorney at Law Signature_____
Print Name

If a Notary Public: My Commission Expires ____ / ____ / ____