

The Ohio Health Information Partnership is a nonprofit organization that shares information about people's health electronically using the CliniSync Health Information Exchange.

What is the CliniSync Health Information Exchange?

The CliniSync Health Information exchange (HIE) is technology that allows healthcare information to pass electronically across organizations across the state. Clear and strict state and federal guidelines govern how the information can be exchanged, viewed and used. The goal of the HIE is to make the information available when and where it is needed.

How can sharing my information improve my care?

More Coordinated Care: Today, most doctors and hospitals use electronic health records rather than paper health records. Your doctor may search for and get your test results, lab results, x-rays, medication list or any other health information that has been electronically collected from other providers who are part of the CliniSync community network.

For example, information that could help save your life in a medical emergency would be available to the doctors in the emergency room (ER) if something happens that you did not expect. They would know what medications you are taking and what conditions you have. Another example would be that your cardiologist orders a special test and wants to share it with your primary care doctor. This could be done electronically, rather than on paper or through a dictated letter.

Less Unnecessary Testing: You may have had a lab test done recently at a hospital or doctor's office. When you go someplace else, they can use the exchange to see your prior lab test results. That may prevent the need to do the test again.

Is my information kept private?

Yes it is. The CliniSync Health Information Exchange follows U.S. and Ohio privacy laws. Only people providing care to you may view your medical records on the exchange. Anyone who is not involved in your care is not allowed to view your medical records on the exchange.

If you have questions, please contact CliniSync:

- Call 614-664-2600
- You also can visit our website at www.clinisync.org and search for Patient Choice

Request to Change Consent

I understand that my treating providers have access to my medical records through the CliniSync Health Information Exchange. These medical records include test results, lab results, X-rays, medication list and other health information that has been electronically collected from other participating providers from the HIE. This information could help save my life in a medical emergency if it is available to the health care professionals treating me. I understand that my choice will not affect my ability to get medical care or health insurance coverage.

I do not want to he this Request for N care providers (ind my test results and CliniSync again at	lon-Participation in CliniSync my test res cluding emergency room physicians) thr d medical health information through C	Health Information Exchange. I understand that by submitting sults and medical information will not be accessible to health rough CliniSync. I hereby authorize CliniSync to block access to CliniSync. I understand that I may choose to participate in n participating in CliniSync or by changing my selection on this	
	ou didn't want to have your records our status to be changed.	shared and now want them shared, please mark the box	
	my records shared through the Health Ir stions. I am satisfied with the answers.	nformation Exchange. I have read this form. I have had a	
First Name:	Middle Name:	Last Name:	
		(ex.mm/dd/yyyy) Gender Male Female	
Medical Record Number (MRN	/Patient Identification Number) if known:		
	·		
		Zip Code:	
Phone: ()	Altern	Alternate Phone: ()	
Email Address:	Social Secu	Social Security Number:	
Patient Signature: X		Date Signed:	
(If under the age of 18, sign	ature of parent or legal guardian)		
		edical provider's office staff, hospital or other facility	
so they can change your	c consent. OR, you can have it nota	arized and mail it to: Att: CONSENT STATUS, Ohio	
Health Information Par	rtnership, 3455 Mill Run Drive, Su	nite 315, Hilliard, OH 43026.	
I witnessed the above na	by a Notary Public or Medical Office med individual sign this document are cation on this day of,	nd the individual is personally known to me or provided me	
Notary or Medical Office	Staff Print Name:		
Phone Number:			
Notary or Medical Office	Staff Signature: X		