Mid Coast Hospital participates in HealthInfoNet
Maine's health information exchange, a secure statewide computer system that helps you get better, easier, safer care.

We care about your health, safety, and wellbeing.

Mid Coast Hospital participates in HealthInfoNet, a statewide computer system that helps caregivers provide better care by combining information from all participating caregivers into a single electronic record.

This includes information about your medications, allergies, test results, and health problems.

Caregivers already share patient health records when needed. HealthInfoNet streamlines this process through the use of a secure data network to ensure accuracy and privacy.

Benefits of HealthInfoNet

- Provides accurate and comprehensive information to your health providers
- Allows participating hospitals to access key information that can improve your care
- Combines medical information from separate caregivers into one single electronic record

Participation is voluntary. You may choose to opt out at anytime.

To do so, you can —

- complete the form below and mail it to HealthInfoNet;
- call (866)-592-4352; or
- go online to www.hinfonet.org/optout.

Your choice to opt out will not affect your ability to access medical care.
Opt-out Form
(to not share general health information)

If you want to share your health information through HealthInfoNet, you do not need to do anything with this form.

What is HealthInfoNet?
HealthInfoNet is a secure computer system that brings your health information from different healthcare providers 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 sends it over secure computer connections. Only those involved in your care can look at your information. To find out who has looked at your record and when they looked at it, go to www.hinfonet.org/audit. Of course, no system is completely secure, but HeathInfoNet makes every effort to keep your records safe.

What does it mean to “opt-out”?
If you do not want your health information in a HealthInfoNet record, fill out this form to “opt-out”, or not share your health information. Your choice to opt-out will not affect your ability to get medical care. If you decide later that you want to have a HealthInfoNet record, you will need to call HealthInfoNet or fill out an “opt-in” form on the HealthInfoNet website at www.hinfonet.org/optim.

I choose not to share my health information
Fill out this form and mail it to HealthInfoNet, 125 Presumpscot Street, Box 8, Portland, ME, 04103 or fax it to 1-207-541-9258, or fill this form out online at www.hinfonet.org/optout.
If you have questions, call HealthInfoNet at 1-866-592-4352 or 207-541-9250, or email us at info@hinfonet.org.

___________________________________________________________
First Name                                               Middle Name                                               Last Name

____________________________________________________________
Address                                                City                                                    State                                                Zip Code

Sex: □ Male                                           Date of Birth: _________/____/_______  __ __ __ - __ __ __ - __ __ __ __
□ Female                                           (month / day / year)                        Social Security Number (not required)

____________________________________________________________
Phone Number                                               Email

By signing, I understand that my health information will not be available to providers using HealthInfoNet, even in an emergency.

___________________________________________________________
Signature of Patient or Guardian                            Date (month / day / year )

This notice is provided as required by Maine State Law.