DARTMOUTH-HITCHCOCK
One Medical Center Drive
Lebanon, New Hampshire 03756-0001
Release of Information (603) 650-7110
Fax Number (603) 650-0439
After Hours/Weekends, call 603-650-5000. Ask for Medical Records

PATIENT CONSENT TO MEDICAL RECORD ACCESS

Hygeia
24 Hanover St, Suite 11
Lebanon, NH
(603) 448-7344

Patient Name:_____
First Middle Initial Last

Telephone: (____)_____ Date of Birth:_____

With your permission, providers and staff members of Hygeia will be given access to all available electronic records documenting any medical care you receive at a Dartmouth-Hitchcock institution. Additionally, the providers and staff members of Hygeia will be expected to share with Dartmouth-Hitchcock all clinical information about the care they provide to you. You are being asked to agree to this disclosure, exchange, and use of clinical information because your providers believe that timely access to such information will improve the quality of your care.

Records that exist now and any that may be created in the future will be shared. The shared clinical information may include items such as lab test results, operative reports, office visit notes, x-ray reports, hospital discharge summaries, and other clinical information relating to you and the care you receive. **This confidential information may also include some or all of the following: diagnostic or treatment information relating to mental health or psychiatric conditions; information relating to referrals for, or the diagnosis or treatment of, drug or alcohol abuse; genetic testing information or results; information relating to being a victim of, or counseling about, domestic abuse, neglect, or violence; and/or HIV/AIDS test results or treatment.**

The shared information will be used only for the purposes of facilitating your medical treatment, payment for that treatment, or certain limited health care operations uses permitted under HIPAA - the federal Privacy Rule.

Dartmouth-Hitchcock and Hygeia are committed to respecting and protecting the confidentiality of your clinical information and have policies and procedures in place to protect your health information. Access to your electronic medical records is tracked and this access may be audited to assure that it is appropriate. (For further information on Dartmouth-Hitchcock's patient privacy policies go to **http://www.dhmc.org/goto/privacy**.)

By signing below you are indicating that you are aware of this arrangement for sharing electronic access to protected health information between Dartmouth-Hitchcock and Hygeia and give consent for such disclosure, exchange, and use of your protected health information. This consent is effective for five years from the date below unless it is earlier revoked by you. In order to revoke this consent, you must contact the Release of Information Department at Dartmouth-Hitchcock or Hygeia. You will still receive medical treatment and services even if you decide not to permit the sharing of electronic access to your protected health information.

_____ _____
Patient's (or Personal Representative's) Signature Date

_____ _____
Name of Personal Representative Relationship to Patient ☐

PAIS