



## GIVING PERMISSION TO SHARE YOUR HEALTH INFORMATION

Wellport is an electronic health information network that allows physicians and other health care clinicians more timely and reliable access to your personal health information. Wellport is designed to improve the safety, quality, and efficiency of the health care that you receive. It is owned and operated by the Whittier Independent Practice Association, a non-profit association of physicians in the Merrimack Valley founded in 1984.

### What's different?

Often, health information is shared among clinicians by telephone, fax, paper copies and by secure connections to hospitals' computers. With your written consent (authorization) below, Wellport will compile a frequently updated listing of some of your personal health information – called a Clinical Health Summary – to be shared with clinicians in our medical community who are involved in your medical care. Your consent to release a listing of your personal health information allows those who care for you to access that summary at any time, and – if you desire – share it with you and your trusted caretakers.

### What is the Massachusetts Health Information Highway (Mass Hlway)?

The Mass Hlway is operated by the Commonwealth of Massachusetts Executive Office of Health and Human Services. It allows health care clinicians in Massachusetts to send and receive encrypted (coded) messages containing your health information to provide your care. It also will have a listing of which patients are seeing which clinicians. It will not store any of your health information. It will store and share encrypted (coded) information about your full name, address, phone number, birth date, gender, email and medical record number with people involved in your health care. The Mass Hlway allows those providing your care to send coded message to insurers as provided by law to plan your care, to get payment, and to use routine health care operations such as reporting and measuring health care quality. Wellport connects you and your clinicians to the Mass Hlway. The Mass Hlway does not keep and cannot see any health information. Wellport is different from the Mass Hlway because it does store clinical and administrative health information and makes it available to clinicians in our medical community providing your care. If you choose not to participate in the Mass Hlway, then you cannot participate in Wellport. Educational material about the Mass Hlway is available at [www.wellporthealth.net](http://www.wellporthealth.net).

### Who can access my Clinical Health Summary?

A current list of Wellport clinicians and organizations is available at [www.wellporthealth.net](http://www.wellporthealth.net). You must "opt-in" (give permission by signing a consent form) before clinicians or a healthcare organization can use Wellport or the Mass Hlway for your care. Only people with an approved reason are permitted to see your Clinical Health Summary. This includes your physician and other clinicians and designated staff appropriately involved in your health care; those who help them manage and deliver health services to you; those whose responsibility it is to operate, secure, monitor and evaluate Wellport; and those who assess the quality of care delivered. It also includes hospitals, labs, imaging centers, medical institutions, and others as required by law. Some of these may be outside of Wellport and may receive your information through an encrypted message over the Mass Hlway or by another secure encrypted (coded) communication method. Only people and organizations who have signed a contract requiring them to follow all state and federal laws can see your protected health information. You may request a listing of those who have accessed your Wellport protected health information and/or accessed your information over the Mass Hlway by writing to Wellport or emailing [info@wellporthealth.net](mailto:info@wellporthealth.net).

## What is the Personal Health Summary?

Wellport wants to get your information quickly to the people who need it, when they need it, including YOU. Wellport is pleased to provide you with a Personal Health Summary through which your health information can be made available to you to view and use securely. You are not required to use a Personal Health Summary, but have an option of using it by signing this consent form and following the instructions provided to you from Wellport.

## Who has access to my Personal Health Summary?

Only YOU and any person you choose to designate will have access to the Health Information in your Personal Health Summary. However, if you wish to grant an authorized representative access to your personal health information through your Personal Health Summary, you must understand and accept that your representative will have access to ALL of your personal health information, including information you may consider sensitive, and neither you nor Wellport will later be able to prevent that person from accessing your health information unless you inform Wellport that you wish to either withdraw or change your access credentials.

## What information appears in my Personal Health Summary?

If you activate your Personal Health Summary, certain information about the health care services that you receive will be made available within a few days for you to view online. You will see something very similar to the Clinical Health Summary that is visible to your clinician. The following health information may be made available to you through your Personal Health Summary:

- Laboratory, diagnostic and other test results
- Procedures performed
- Diagnoses
- Problem lists
- Medications and medication allergies
- Summaries of care received and any discharge instructions
- Past medical and surgical history
- Allergies
- Immunizations
- Social, insurance and demographic information

## What about sensitive information?

Health information made available through your Clinical and Personal Health Summaries may include information about any conditions that you may have, such as HIV/AIDS, drug and alcohol problems, sexually transmitted diseases, genetic problems, pregnancies, mental health problems, and treatment you may have received as a minor without parental consent. There may be information about family problems, interpersonal relationships, and other personal issues you raised during an office visit. If you do not wish your information to be made available through your Clinical and Personal Health Summaries, please do not sign this consent form. By signing this form, you are consenting to sharing any and all such information made available through both the Clinical Health Summary and your Personal Health Summary.

## Potential benefits of participation:

- In the event that you are seriously injured or unconscious and seen within our medical community, your Clinical Health Summary – including, but not limited to, your medications, past history and allergies – will be readily available, helping to protect you against medications or treatments that may be harmful to you.

- Because your Clinical Health Summary is updated frequently, Wellport could help reduce unnecessary duplication of diagnostic studies.
- Errors in your health records can be more easily corrected, and changes in your medical condition(s) may be more easily transmitted across the medical community.
- Any participating clinician involved in your care will have a regularly updated summary of your current health information readily available.
- You will have secure online access to much of your medical information.
- Information about your Advance Directives will be available to any participating clinician who needs it.
- Measurement, monitoring and reporting by (and to) authorized representatives of the clinical community will help improve quality, efficiency, and public health.

### **Potential risks of participation:**

- Although this information is encrypted (coded), stored securely, and access is audited and controlled, it is possible that someone (with whom you would not want to share information) may see something that makes you uncomfortable.
- Your Clinical Health Summary may have errors that are then shared with other members of the medical community.
- Although unlikely, unauthorized electronic access to a large database like this one may occur.

### **Security and Safeguards:**

Wellport uses both physical and electronic barriers to help reduce the risk of unauthorized access. A careful record and audit (not possible with paper records) will be kept of any person who accesses your information. Any person who accesses your medical information is required to have an appropriate reason to do so. Penalties are in place in the unlikely instance that information is accessed inappropriately or otherwise misused.

### **How to withdraw permission:**

You can withdraw permission for releasing information to create your Clinical Health Summary from all practices at once by notifying Wellport. Such notice will become effective within three business days after the request is received and acknowledged. Information already imported into a particular clinician's records cannot be removed. For record keeping purposes, the last Clinical Health Summary will be retained but is no longer viewable electronically by clinicians participating in Wellport. Contact Wellport ([www.wellporthealth.net](http://www.wellporthealth.net)) to obtain the "Request to Withdraw Permission for Sharing of Health Information" form.

### **How can I protect my information when using the Personal Health Summary?**

Take the following precautions to protect your private health information when using the Personal Health Summary:

- Be careful with your password. Just as when you bank on the internet, you must not share your password with anyone. Do not write it down where someone else might see it.
- Be careful when using the Personal Health Summary on a computer that does not belong to you. Be aware, for instance, that anything that appears on your employer's computer belongs to your employer.
- Do not save any of your health information on a computer that does not belong to you.
- Be sure to close the internet browser when you are finished viewing your health information.

If you have any additional questions about how your Personal Health Summary will work, please feel free to ask your doctor or contact Wellport for more information, or visit [www.wellporthealth.net](http://www.wellporthealth.net).

When you give permission to release your personal health information to Wellport for use in the Clinical Health Summary and Personal Health Summary of the Wellport Health Information Exchange, that means you understand and agree with all these statements:

1. I understand the risks and benefits of having my information in Wellport. I know that Wellport does not replace speaking or meeting with my physician or other healthcare clinicians.
2. I request and permit Wellport to show my Clinical Health Summary (including information I might consider sensitive) to any participating people and organizations delivering my health care. This includes physicians, nurses, hospital professionals, nursing home and home health professionals, and other clinicians when appropriate to my health care.
3. I request and permit Wellport to activate and make available my personal health information (including information I might consider sensitive) to me through my Personal Health Summary in accordance with the terms and conditions in this consent form.
4. I understand and accept that my Personal Health Summary is not my official medical record, and that it might be incomplete (it might not contain all of the information that the hospital or each of my doctors may keep regarding the care that I receive) or inaccurate (it might not contain the most recent or corrected information about me).
5. I understand and accept that neither my Clinical Health Summary nor my Personal Health Summary is an official medical record. My physician and other clinicians are not required to be aware of the contents of my Clinical and Personal Health Summaries. They may not access it unless they have a "need-to-know" at the time they are involved in my care.
6. I understand and accept that if I wish to receive a copy of, or access to, information that is a part of my *official* medical record, I must contact my clinician or other provider about how I can make such a request.
7. I understand and accept that I am responsible for maintaining the secrecy of any user name and password I am provided to access my Personal Health Summary or to allow my designated Authorized Representative to access my Personal Health Summary. If I misplace my username and/or password or think that someone might have gained access to my Personal Health Summary who should not have access, I shall notify Wellport immediately.
8. I understand and accept that neither Wellport nor any of my clinicians nor other providers are liable for any unauthorized access to my health information that may result from my not keeping my username and password secret.
9. I understand that I am not required to have a Clinical Health Summary nor to activate a Personal Health Summary. Clinicians and other providers may not withhold treatment because I don't share my health information with Wellport.
10. I understand that I have the right to change my mind and stop sharing my health information. I may "cancel" or deactivate my Clinical and Personal Health Summaries at any time by completing "Request to Withdraw Permission for Sharing of Health Information" available at [www.wellporthealth.net](http://www.wellporthealth.net). I also agree and accept that neither Wellport nor any of my clinicians nor other providers is obligated to make a Personal Health Summary available to me, and if Wellport chooses to end its Personal Health Summary technology for any reason, then I will no longer have access to my personal health information through a Personal Health Summary.
11. I understand that Wellport will use the Massachusetts Health Information Highway (Mass HIway) to share clinical and administrative information with appropriate clinicians in more distant locations. Some of this information may be considered sensitive. I permit the sharing of my clinical and administrative information with other clinicians and insurers appropriately involved in my care over the Massachusetts Health Information Highway or by another secure encrypted (coded) communication method. I permit the Mass HIway to list which clinicians have provided my care.
12. I hereby accept and confirm that a copy of this information is available to me at [www.wellporthealth.net/pdf/consent.pdf](http://www.wellporthealth.net/pdf/consent.pdf).