



## BALDWIN AREA MEDICAL CENTER, INC.

### Consent for Release and Combining of Health Records Among Health Care Providers

Several other healthcare providers in the area, including our organization, use the same Excellian® electronic medical record system to document and review the healthcare services they provide to you. Use of the Excellian® electronic medical record allows your providers to coordinate your care, improve exchange of important information about your treatment, and get complete and up-to-date information to any provider who uses Excellian®.

A list of the healthcare provider organizations that currently use the Excellian® electronic medical records system is available upon request for you to review with this consent. In the future, more healthcare providers may join in using this same electronic medical record system. This consent applies to your providers who use the system now and in the future. You can review an up-to-date list of the providers who use this record system anytime you come to Baldwin Area Medical Center, Inc. for a visit or by going to our website [www.healthybaldwin.org](http://www.healthybaldwin.org) for more information.

Your health information will be stored, viewed and shared by your healthcare providers in a secure electronic medical record system. When you are treated by any of the healthcare providers on this list, each provider will use the same electronic medical record to document information about your treatment. All of the information about your treatment with these providers will be combined into one electronic medical record that will be shared by all of them for your treatment. Once your information is combined, it cannot be separated.

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I authorize any healthcare provider who uses the Excellian® electronic medical record system to share the health records my providers create or receive related to my treatment, with other healthcare providers who treat me. My providers may share this information with each other as needed to provide my treatment and carry out services and operations related to my treatment. I understand that this information will be shared primarily through a combined electronic medical record where all of the healthcare providers who use Excellian® and provide treatment to me will document my care and services.

This consent applies to health records that my healthcare providers already have about me, and information about future care I may receive from them. This consent will continue forever unless I cancel it by giving written notice to:

Baldwin Area Medical Center, Inc.  
Health Information Management  
730 10th Avenue  
Baldwin, WI 54002

If I cancel the consent, it will apply to information *created after the date* when the notice to cancel is received. It will not affect information that has already been shared among my healthcare providers or combined based on this consent.

I authorize my healthcare providers to share my records as described in this consent.

\_\_\_\_\_  
**Patient or Legal Representative Signature** Date: \_\_\_\_\_

\_\_\_\_\_  
**Legal Representative Printed Name (if signing for patient)** / \_\_\_\_\_  
**Authority to sign for patient (attach documentation)**

Please Place a Current Admission Sticker Here When Available

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Med Rec #: \_\_\_\_\_

# CONSENT TO SHARE FREQUENTLY ASKED QUESTIONS

## ***What is a shared or common electronic medical record?***

A shared or common electronic medical record is a single source of your patient health information from the healthcare providers who use that record system. If you have been treated at a clinic and/or a hospital who uses this shared system, your medical documentation will be available to your caregivers in a single, shared record. Information in the electronic medical record may be viewed, stored and shared by your clinics and hospitals.

## ***Who are you sharing it with?***

The clinics and hospitals you authorize to share your health information in order to treat you and provide your healthcare services. You can find the updated list by asking us, or by visiting the our website: [www.healthybaldwin.org](http://www.healthybaldwin.org).

## ***What is Excellian® (EPIC)?***

Excellian® (EPIC) is a secure electronic medical record system. It provides a single source of documentation for your medical information from all providers who use that system. Use of the same electronic medical record allows your treatment providers to coordinate your care, improve exchange of important information about your treatment, and get complete and up-to-date information to each of the providers who treat you.

## ***Why should I consent to share my electronic medical record?***

A shared electronic medical record gives your healthcare providers timely access to medical information from each provider, immediate safety checks (such as cross checking allergies, immunizations, medications), more rapid access to test results, a one-time collection of information (it will reduce the need to repeat your information to multiple care providers), and may prevent duplication of tests and examinations.

## ***What if I don't want to share my electronic medical record?***

Baldwin Area Medical Center, Inc. will maintain a separate electronic medical record for you, but it will not be as easy for us to electronically coordinate your care and quickly obtain complete and up-to-date information about your care with other healthcare providers who use the shared electronic medical record.

If you change your mind at any time, you can request to sign a new form.

## ***What if I change my mind and don't want to share my electronic medical record after I said "yes"?***

You have the right to "cancel" your consent to share by contacting us. You must inform us in writing. If you cancel your consent, it will apply to medical information that is created *after* the notice is processed. It will not affect information that has already been shared among your providers or combined based on your original consent.

## ***Could I agree to share for a year instead?***

Excellian® doesn't allow us to enter a timeframe for the signature. You can sign the agreement now and then cancel your consent later, as stated above.

## ***Can I sign this form for my children? What if I am the caregiver for someone else?***

A parent or legal guardian can sign for their children under 18 years of age. Once a minor reaches the age of 19 (s)he will be asked to sign a new form.

You are only able to sign for another individual if you are the legal representative for them.

Please Place a Current Admission Sticker Here When Available	
Patient Name:	_____
Date of Birth:	_____ Med Rec #: _____