



## PATIENT CONSENT FOR MASS HIWAY

The Massachusetts Health Information Highway (Mass HIway) is the secure statewide computer network that allows for the electronic transfer of medical information between healthcare providers that is intended to improve the quality and safety of patient care. I have received and had an opportunity to review the “Mass HIway: Fact Sheet for Patients” provided to me by a physician practice affiliated with Emerson Hospital and Emerson Physician Hospital Organization (the “Practice”). I hereby give the Practice permission to use MassHIway to:

1. Send to the Mass HIway my name, date of birth, gender, email, home address, phone number, and medical record number so that my other providers using Mass HIway know I received care from the Practice and can ask for my medical information when needed for my care.
2. Request, send, and receive my medical information from and to my other providers who also use the Mass HIway. I understand that this information may include information about mental health, HIV test results, sexually transmitted diseases, domestic violence, sexual assault, substance abuse records, reproductive health concerns and genetic testing results.
3. I understand that I may withdraw my permission for the Practice to share information (“Opt-out”) at any time by submitting a request in writing. The Opt-out notice can be sent to the Practice.

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Signature of Patient or Patient’s Legal Representative

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Print Name of Patient’s Legal Representative (if applicable)

\_\_\_\_\_  
Relationship to Patient