

ALLINA HOSPITALS AND CLINICS
Consent for Release and Combining of Health Records Among Health Care Providers

Several other health care providers in the area, including our organization use the same Excellian electronic medical record system to document and review the health care 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, 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 has been given for you to review with this consent. In the future, more health care 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 any time you come to Allina Hospitals and Clinics for a visit or by going to our website at www.Allina.com/medicalrecords for more information.

Your health information will be stored, viewed and shared by your health care providers in a secure electronic medical record system. When you are treated by any of the health care 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.

I authorize any health care 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 health care 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 health care providers who use Excellian and provide treatment to me will document my care and services.

This consent applies to health records that my health care 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: Allina Health Information Management, Mail Route 20300, 800 East 28th Street, Minneapolis, MN 55407. 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 health care providers or combined based on this consent.

I authorize my health care 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)



Patient Label