Abide Health Medical APC

6847 W. Charleston Blvd. Suite B
Las Vegas, NV 89117
Phone #: (725) 205-1578 Fax #: (725) 485-3749

Consent for the Use of Electronic Health Records (EHR)

As part of our commitment to providing the highest quality of care, we use **Electronic Health Records (EHRs)** to maintain your medical information. EHRs allow us to store, manage, and share your health information securely and efficiently. This document explains how your health information will be used, stored, and shared as part of our EHR system.

By signing this form, you consent to the use of **Electronic Health Records (EHRs)** in your treatment and care.

Purpose of Electronic Health Records

The primary purpose of using Electronic Health Records (EHRs) is to ensure that your medical information is accurate, up-to-date, and accessible to your healthcare providers. EHRs may include information such as:

- Medical history
- Diagnoses
- Treatment plans
- Medications
- Test results
- Other healthcare-related information

EHRs are used to improve the quality of care by allowing your healthcare providers to access your medical history more quickly and accurately, reducing the likelihood of errors, and coordinating care with specialists.

Use and Disclosure of Health Information

Your health information will be used in the following ways:

- **Healthcare Treatment**: Your medical records will be used to provide care and treatment by your healthcare providers. This includes referrals to specialists, ordering laboratory tests, or reviewing your medication list.
- **Billing and Payment**: Your health information may be shared with insurance companies or other entities involved in billing and payment for services.
- **Care Coordination**: We may share your health information with other healthcare providers (e.g., specialists, hospitals) who are involved in your care to ensure coordinated treatment.
- **Quality Assurance**: Your information may be used for clinical audits, quality control, or research purposes, but any identifiable personal data will be kept confidential.
- **Security and Confidentiality**

We are committed to safeguarding your health information and ensuring that it is protected in compliance with **HIPAA** (Health Insurance Portability and Accountability Act) and **Nevada state privacy laws**. Our EHR system is designed to:

- Ensure that only authorized individuals have access to your health information.
- Safeguard against unauthorized access, disclosure, alteration, and destruction of your health data.
- Maintain confidentiality and protect the integrity of your records.

Although our system is designed to protect your information, no system can be completely secure, and there is a possibility of unauthorized access despite our safeguards.

Right to Access and Review

You have the right to:

- **Review and inspect** your health information stored in the EHR system.
- **Request copies** of your health records, which may be subject to certain fees.
- **Correct inaccuracies** in your health records if you identify an error.

If you would like to request access to your records or believe there is an inaccuracy, please contact our office.

Consent for Sharing Health Information

- **Sharing with Third Parties**: Your health information may be shared with third parties, such as insurance companies, labs, or pharmacies, as necessary for your treatment, billing, and care coordination. We will only share information that is relevant to the specific service being provided.
- **Health Information Exchanges (HIE)**: In some cases, your health information may be shared electronically through **Health Information Exchanges (HIEs)**, which allow healthcare providers to securely exchange your health data with other providers. By consenting to this form, you acknowledge and agree that your information may be shared through an HIE to coordinate care, unless you expressly opt-out of participation.

Note: You have the right to refuse consent for the sharing of your information through an HIE, but this may impact the coordination of your care between providers.

Right to Revoke Consent

You have the right to revoke your consent for the use of your Electronic Health Records at any time. However, if you withdraw consent, it may impact the ability of healthcare providers to coordinate your care effectively and could delay or complicate your treatment. Revocation of consent will not affect information shared prior to the date of revocation.

To revoke consent, please contact us in writing.

Acknowledgment and Consent

By signing below, I acknowledge that I have read and understood the information provided in this **Consent for the Use of Electronic Health Records (EHR)** form. I consent to the use, storage, and sharing of my health information as described above for the purposes of treatment, billing, and care coordination. I understand that I may revoke this consent at any time, except to the extent that actions have already been taken in reliance on it.

Signature

Patient Name (Printed): _____ **Patient Signature**: _____

Date: ___ / ___ / _____

If the patient is a minor or unable to sign, the **legal guardian** or **representative** should sign:

Guardian/Representative Name (Printed): _____ **Relationship to Patient**: _____

Guardian/Representative Signature: _____ **Date**: ___ / ___ / _____