



General Consent - HASA
Consent to Share Information with a Health Information Exchange

1. CentroMed participates in Healthcare Access San Antonio (HASA) which is a nonprofit, community health information exchange that facilitates electronic exchange of patient information with physicians, hospitals, labs, pharmacies and other providers. HASA will also connect to other HIEs to allow information to be available to other providers when patients travel outside of our region. Sharing patient information with other providers through HASA helps CentroMed save patients' time and make better treatment decisions with a more complete patient record. It will allow them to avoid duplicate tests and procedures and gain immediate access in emergencies to critical information like allergies, diagnosis, medications and other important data. See HASA's brochure for more information about how HASA helps us promote patient health and protects patient information. Patients can also read more about HASA at www.hasatx.org.

I understand that CentroMed shares patient information through HASA and have received a copy of HASA's brochure. _____Patient Initials

2. Patients have the right to opt out of having their information shared through HASA by signing an Opt-Out Form. You may request an Opt Out form from CentroMed staff and they will help you complete it. CentroMed will not discriminate against you if you choose to sign an Opt Out form and CentroMed does not require you to share information through HASA in order to receive medical treatment.

I understand that I have the right to Opt Out of having my patient information shared through HASA by signing an Opt Out Form. _____Patient Initials

3. HASA makes every effort to ensure that sensitive patient information, such as HIV/AIDS, mental health, and substance abuse treatment related information (sensitive information), is blocked from viewing. However, due to system limitations, CentroMed and HASA are limited in blocking sensitive information at this time. By initially this paragraph and signing this form you are agreeing to share your sensitive information with other providers through HASA. This consent is subject to revocation at any time by signing an Opt Out form except to the extent that patient information was already disclosed in reliance on this consent. You will need to renew this consent annually at your next visit at or after one year from signing this form.

I agree to share my sensitive information with other providers through HASA _____Patient Initials

4. **IF YOU DO NOT INITIAL ALL OF THE ABOVE PARAGRAPHS #1-3, YOU WILL BE ASKED TO SIGN AN OPT OUT FORM IN ORDER FOR CENTROMED TO NOT SHARE ANY OF YOUR PATIENT INFORMATION THROUGH HASA.**

Patient Signature