



LOS
ANGELES
LGBT
CENTER

Health Services Health Information Exchange Authorization

If you let us (“accept”), the Los Angeles LGBT Center will share our health information about you with other community providers through a secure, electronic Health Information Exchange (HIE). We will also use information about you shared by other community providers in an HIE. This sharing of information helps get it to providers that need it so that you get the right care at the right time as fast as possible.

For example, if you’re in an emergency room, a hospital can almost instantly get a list of your current medications, even ones you can’t remember. Without an HIE, hospitals will need to use slower ways to get information, or they might give you something that isn’t right for you.

Other community providers include, but are not limited to, hospitals, health plans, and other medical offices that also share information in an HIE. Information shared might include, but is not limited to, medical and mental health conditions, medications, and labs. But we will **never** share information through an HIE about your:

- Participation in Addiction Recovery Services and/or Substance Use Disorder Programs.
- HIV status and care.
- Genetic testing and results.

You can choose to not to let us to share or use your information in an HIE (“decline”). But this could delay your care and services in our community.

You can also change your mind by filling out this form again and marking your new choice (any clinic front desk staff member can help you with this). If you declined after previously accepting, new information will not be shared or used by the Center through an HIE, and information previously shared will not be viewable in an HIE to other providers unless they used it before you changed your mind.

Again, letting us share or use information about you in an HIE (“accept”) helps you get the right care at the right time as fast as possible. Accepting or declining will not keep you from getting or paying for healthcare services from the Center. Please ask any questions you have about the HIE and how we will use it before signing this form. You can ask for a copy of this form at any time after you sign it.

I Accept

I Decline

Patient Signature: _____ Date: _____