

Graham Medical Clinic, P.C.

Family Medicine

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100 South High Street
Newville, PA 17241

Phone: 717-776-3114
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Please provide information below and return to check-in. Thank you.

Name:

Date of Birth:

Address:

Home Phone Number:

Mobile Phone Number:

Work Phone Number:

Email Address:

Social Security Number: _____ - _____ - _____

Please review attached forms. The attached copy of the **Universal Authorization for the Release of Medical Information** will be yours to keep and you will be asked to **electronically sign** this form at check in. You do not need to complete the paper copy.

Please select whether you would like to opt-in to the Universal Authorization of Medical Records:

- ☐ Yes, allow my records to be shared.
- ☐ No, I would not like to allow my records to be shared.

Graham Medical Clinic
100 South High Street
Newville PA 17241
717-776-3114

To improve patient care, we are requesting you to make your Graham Medical Clinic medical information available to other community providers involved in your healthcare through KeyHIE. For example, doctors treating you in a hospital emergency room or a specialist you may see.

Graham Medical Clinic considers your privacy to be very important and will not release your medical information outside the [organization] without your written consent.

When you sign the "Universal Authorization for Release of Medical Information", you give Graham Medical Clinic permission to release your medical information to physicians and other providers involved in your healthcare through KeyHIE. This includes access to all information stored in your Graham Medical Clinic electronic medical record.

You can revoke or cancel this authorization in writing at any time.

Frequently Asked Questions from Patients

What is a Universal Authorization?

The Universal Authorization form allows KeyHIE-participating healthcare professionals to have quick access to a Graham Medical Clinics patient's medical information contained in their electronic medical record.

How will this improve my care?

By having your authorization on file at Graham Medical Clinic, your medical information can be made readily available to other healthcare professionals involved in your care. Physicians can better coordinate your care for improved medical outcomes and patient safety.

If I sign this authorization, who will see my Graham Medical Clinic medical information?

With this signed authorization, only licensed healthcare professionals and their authorized staff who care for you will be given access to your medical information.

This may help facilitate access to important medical information about you in the event of an emergency (for example, a trip to a local hospital emergency department). Additionally if you are treated by a physician or other healthcare professional outside Graham Medical Clinic, it allows that physician practice or organization to have access to your Graham Medical Clinic information.

Universal Authorization will not be used to release your medical information to insurance companies or other non-medical organizations.

Can I release a portion of my medical record with the Universal Authorization?

No. Signing the Universal Authorization releases access to any information that is pertinent to providing patient care. This includes lab/test results, medications, allergies and medical history. Any mental health, HIV and substance abuse information is handled in accordance with state and federal guidelines.

How can I return my completed Universal Authorization?

The Universal Authorization form should be completed at registration/checkout at each facility. Patients may also return their completed form at their next visit or by mailing it to the specified address.

How long is the Universal Authorization in effect?

Universal Authorization is in effect until it is revoked or canceled. Patient can cancel the authorization at any time.

How do I cancel this authorization?

To cancel your 'Universal Authorization to Release Medical Information', follow the revocation process indicated on your copy of the Universal Authorization form, or submit a written request at your next visit or send it to the specified address.

If you revoke your Universal Authorization, non-Graham Medical Clinic providers may lose access to the medical information contained in your Graham Medical Clinic electronic medical record.

**Universal Authorization for the
Release of Medical Information**

GRAHAM MEDICAL CLINIC, P.C.
100 South High Street
Newville, PA 17241-1409

Patient Name:

MRN:

Date of Birth:

GRAHAM MEDICAL CLINIC, P.C. understands your medical care may be managed by both GRAHAM MEDICAL CLINIC, P.C. and non-GRAHAM MEDICAL CLINIC, P.C. healthcare teams. Your doctors believe that having a complete picture of your health status is important to providing quality medical care. This can be especially important in the case of an emergency room visit.

Your GRAHAM MEDICAL CLINIC, P.C. healthcare team uses 'Computer Systems'² and paper documents to record care provided at a GRAHAM MEDICAL CLINIC, P.C. office or hospital. We need your approval to share your GRAHAM MEDICAL CLINIC, P.C. medical information with non-GRAHAM MEDICAL CLINIC, P.C. healthcare teams involved in your medical care. We ask that you review and sign this authorization.

Here are the key points we want you to understand:

- By initialing and signing this authorization, you are giving us permission to release your medical information to non-GRAHAM MEDICAL CLINIC, P.C. licensed healthcare teams who are involved in your care.
- This authorization covers the complete release of your medical information, current and future, and includes information on alcoholism, drug abuse, mental health and HIV/AIDS if any apply to you.
- Protecting your medical information is very important to us. Security measures are in place to protect the privacy and confidentiality of your medical information.
- Non-GRAHAM MEDICAL CLINIC, P.C. healthcare teams, who have access to the Computer Systems, will be able to view, print and retain your medical information. Therefore medical information may be further released by your non-GRAHAM MEDICAL CLINIC, P.C. healthcare team and may no longer be protected by federal privacy regulations (HIPAA).
- This authorization will be in effect until you revoke or cancel it as described in our Notice of Privacy Practices. To revoke an authorization, please submit a written request at your next doctor's visit or send it to the address at the top of this page. We are not able to take back any uses or disclosures already made with your authorization.
- If you choose to not sign this authorization, treatment or payment services provided to your by GRAHAM MEDICAL CLINIC, P.C. will not be affected. Concerns or questions about this authorization? You can call 717-776-3114.

I hereby authorize GRAHAM MEDICAL CLINIC, P.C. to release my medical information to non-GRAHAM MEDICAL CLINIC, P.C. licensed medical providers and their approved staff who are involved in my care for the purpose of my medical evaluation or treatment. This includes my medical information stored in Computer Systems and paper documents.

☐ Patient
Initials

☐ Parent / Guardian
Initials

By initialing these 3 items, I acknowledge that information regarding these topics may be release as part of my medical information.

Alcoholism or drug abuse or drug dependency - evaluation, diagnosis and/or treatment

Mental health/rehabilitation or neuro-psychological issues - evaluation, diagnosis and/or treatment

HIV/AIDS - evaluation, diagnosis and/or treatment

Patient, age 14 and older, please date & sign here and initial all 3 items in the box above.

Date:

Patient Signature:

If patient is a minor under age 18 (un emancipated) or if patient is unable to give consent, parent or legal guardian must also complete the following and initial all 3 times in the box above.

Date:

Parent / Legal Guardian Signature:

Relationship to Patient: (relationship to patient)

2 'Computer Systems' include applications used to electronically store clinical patient data (excluding... (if applicable)).

*** A copy of completed authorization form must be given to patient. ***