



JACKSONVILLE NEPHROLOGY

Kidney Diseases and Hypertension

“Empowering through
education”

Sandeep Munjal, MD
Nephrologist, Board Certified

Patient Name:	DOB
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I request that health data regarding my care and treatment be accessed as set forth on this form. I can choose whether or not to allow Jacksonville Nephrology PA to obtain access to my medical records through the Health Information Exchange (HIE) organization provided through Healow. Healow meets the privacy and security standards of HIPAA and provides access to electronic health data via Fast Healthcare Interoperability Resources (FHIR), Carequality, and Commonwell Health Alliance networks of health data. If I give consent, my medical records from various participating facilities where I have or currently receive healthcare may be accessed using a nationwide computer network.

The choice I make in this form will NOT affect my ability to receive medical care. The choice I make in this form does NOT allow health insurers to have access to my information for the purpose of deciding whether to provide me with health insurance coverage or pay for medical bills.

My Consent Choice. <i>Select ONE option.</i> You can change your decision at any time by completing a new form.
<input type="checkbox"/> I GIVE CONSENT for Jacksonville Nephrology to SEND and RECEIVE ALL of my electronic health information through Healow to provide health care services.
<input type="checkbox"/> I GIVE CONSENT for Jacksonville Nephrology to RECEIVE electronic health information, but NOT to SEND health information.
<input type="checkbox"/> I DENY CONSENT for Jacksonville Nephrology to access my electronic health information through Healow.

If I want to change my consent, I understand that a new form must be requested and signed.

My questions about this form have been answered and I understand that I may change my selection at any time.

Signature of Patient or Legal Representative	Date
Print Name	Relationship of Legal Representative