

Linda Sewell MD, PC
PATIENT AUTHORIZATION FOR ELECTRONIC HEALTH RECORDS

To provide better care to our patients, we have chosen to participate in an electronic health records system called "Umpqua One Chart". Under that system, each patient has a single, secure set of electronic information that can be accessed by participating physicians and other providers from their offices, urgent care facilities, the emergency room, the hospital, and other locations. Among other benefits, that system:

- allows immediate access to results of tests, imaging procedures and other potentially critical information for routine and emergency treatment;
- allows the coordination of prescriptions and care by multiple providers;
- provides you and your physician or other providers with reminders and information from national health treatment databases;
- reduces the chances of error; and otherwise improves the quality of care you receive;
- helps in the processing of insurance and other claims

We recognize the importance of keeping your individual information confidential. Accordingly, Umpqua One Chart has, through contracts and strict rules, limited access to individual information to health care providers and those providing assistance to them, and only for the purposes of providing health care to you and related activities. Your privacy is also protected by state and federal law. By obtaining care from us, you consent to our participation in the Umpqua One Chart system, and use of that system to provide care to you, to the fullest extent permitted by law. If you do not consent, you must find care elsewhere.

In addition, by initialing each category, I specifically authorize you to include information about testing, diagnosis, treatment and related information about the following kinds of problems in my records:

_____ HIV/AIDS
_____ Mental Health
_____ Genetic Testing
_____ Drug/Alcohol

I ACKNOWLEDGE AND CONSENT TO USE OF UMPQUA ONE CHART.

DATED _____

Patient or Guardian Signature (circle one)

Printed Name of Patient

Printed Name of Above and Relationship

Date of birth

