



Patient Authorization for ICC

Integrated Care Collaboration (ICC) operates and manages a health information exchange (HIE) known as ICare. ICC participants include health care providers and entities such as doctors and hospitals. Your physician participates in the ICC. Payers of health claims such as Medicaid, Medicare, and private insurers also participate in the ICC. ICC's ICare system was created to help your doctor, and others who participate in your care, share your protected health information (PHI) in a secure way. We can only share your PHI through the ICC if you sign this Patient Authorization for ICC (Authorization).

This Authorization allows us to share your PHI only among ICC participants, each of whom has agreed to protect and secure your health information in accordance with state and federal law, including HIPAA's Privacy and Security rules. Except as explained below, to release your PHI *outside* of the ICC, you may need to sign a separate authorization at your hospital or doctor's office.

The kinds of PHI that may be shared through the ICC include:

- ◆ Diagnosis (disease or problem)
- ◆ Clinical treatment summaries & other documents in your medical record
- ◆ Results of lab tests, x-rays & other tests
- ◆ Medications (current and in the past)
- ◆ Personal information such as name, address, telephone number, gender, ethnicity & age
- ◆ Names of providers & dates of services
- ◆ Alcohol, drug abuse, mental & behavioral health treatment
- ◆ HIV/Acquired Immune Deficiency Syndrome (AIDS) test results & treatment
- ◆ Hepatitis B or C test results & treatment
- ◆ Domestic abuse information
- ◆ Reproductive health information, including testing & treatment for sexually transmitted diseases (STDs)
- ◆ Genetic test results & treatment
- ◆ Genome information, if provided
- ◆ Family medical history, if provided

By signing this Authorization, you agree that ICC, your health care provider, and other participants in ICC may use and disclose your PHI for the purposes of treatment, payment, and health care operations. ICC may also use your information in aggregated or de-identified forms for population health research and management or otherwise to improve the quality of care received by you and others in our community. For a list of current ICC participants, please go to:

<http://icc-centex.org/health-information-exchange/participating-organizations/>.

By signing this Authorization, you also acknowledge that you understand that the ICare system is connected to other health information exchanges in Texas and across the country, including the national eHealth Exchange. If you need medical treatment outside of the ICC area, then these connections allow medical professionals to access your PHI. This Authorization allows your PHI to be shared in a new way, through a secured electronic network. It does not change who gets to review your PHI or the kinds of information shared.

You may change your mind and cancel this Authorization. To do so, you must send a cancellation notice directly to your provider or deliver or mail the cancellation notice or letter to:

Integrated Care Collaboration
8627 North Mopac, Suite 300
Austin TX 78759

If you cancel this Authorization, you understand it may take up to 72 hours (3 days) to lock your PHI in the ICare system. You further understand that the cancellation will not affect any actions that have already been taken in reliance on this Authorization.

Patient Name: _____

Signature of Authorized Person: _____ Date: _____

Name (if different from Patient): _____ Relationship to Patient: _____

Witness Name: _____

Witness Signature: _____ Date: _____