



New Mexico Health Information Collaborative (NMHIC)
The Statewide Health Information Exchange (HIE) Network

Patient Consent Form

Hospitals, doctors, and clinics use different computer systems. Doctors need the most complete view of your health information to give you the best care. NMHIC HIE gets health information from many health care organizations using a Health Information Exchange (HIE). This allows your doctor to see the most information about what care you have gotten in the past. Your doctor and other health care workers must have your consent to view this information.

Only those authorized health care workers in organizations that are a part of NMHIC HIE can see your patient information with your permission.

By signing below, I give my consent to **UNM Health Sciences Center** to read any and all of my health information from other NMHIC participating organizations for my care. I understand that this consent will be in effect until I withdraw it in writing or I opt-out of the NMHIC HIE.

Signature of Patient or Authorized Representative

Date and Time

Patient Name or Authorized Representative (print)

Relationship to Patient (if not patient)

Signature of Authorized Witness (required)

Patient Date of Birth (mm/dd/yyyy)

Patient Medical Record Number

Address: _____

City: _____

State: _____

Zip: _____

E-mail: _____

Primary Phone Number: _____

PATIENT BARCODED STICKER