Unity Health Network has implemented an electronic medical record in order to improve the efficiency in our offices and provi de the highest quality healthcare services to our patients. Unity Health Network adheres to the standards as defined for privacy of individually identifiable health information; which i s commonly referred to as the privacy rule. The Privacy Rule standards address the use and disclosure of individuals' health information better known as PHI (Protected Health Information). Also, Unity Health Network follows the regulations associated with the Health Insurance Portability and Accountability Act (HIPAA); a notic e of our privacy practices is available to you upon request.

We need to obtain your permission to release or share your protected health information. Please complete this form in order for Unity Health Network to release your medical records.

Ohio Public Health Reporting

To keep track of Patients' adult and childhood immunizations and health information, your Unity Health Network Providers use the Ohio Department of Health secure, online system, called Impact Statewide Immunization Information System (ImpactSIIS). In addition to immunizations, body mass index, vision, lead, tuberculosis and hearing measures are reported to ImpactSIIS. The primary benefit of ImpactSIIS is that State of Ohio authorized users like schools, local health departments, immunization pro viders, and Women Infants and Children (WIC) program staff, may access your immunization and health information, even if you move. Please note that not all authorized entities use ImpactSIIS. If you have additional questions about ImpactSIIS, please call the Ohio Department of Health at 1-866-349-0002 or (614) 466-4643 or send an email message to impact@odh.ohio.gov. If you do not want your immunization and health information included in ImpactSIIS, ask your Provider or the Ohio Department of Health for the ImpactSIIS Removal Request form.

We hope you recognize the importance of the steps we are taking in order to provide high quality, efficient, healthcare servi ces. As always, our patients are our number one priority.

Health Information exchange (HIE)

Unity Health Network participates in one or more Health Information Exchange (HIE). As your healthcare provider, we may appropriately access your health information electronically, as well as securely share your health information with other hea lth information exchange participants. For example, if you see a Unity physician and then visit a hospital that participates in the HIE, that hospital would be able to access your Unity Health Network medical chart information. This is a voluntary agreement. You may opt-out at any time by notifying our office.

Personal Health Information Release / Emergency Contacts

Name: _____   Name: _____

Relationship: _____   Relationship: _____

Home Phone #: _____   Home Phone #: _____

Cell Phone #: _____   Cell Phone #: _____

Is this person able to receive your Personal Health Information? Yes   No   **Is this person able to receive your Personal Health Information?** Yes   No

What is your preferred contact number for appointment reminders and messages?

Preferred Phone#: _____

What is your preferred time of day for appointment reminders and messages?

☐ Morning   ☐ Afternoon   ☐ Evening

I, _____, do hereby acknowledge receipt of a copy of the Notice of Privacy Practices, Policies, and Procedures.

Patient Signature: _____   Date: _____

Parent/Guardian Signature: _____   Date: _____