ROCHESTER RHIO
Regional Health Information Organization

**Mail or Fax To:**
Rochester RHIO Support
PO Box 23593,Rochester, NY 14692
Fax: 585-410-6801

**Questions? Call us.**
1-877-865-RHIO (7446)

# AUTHORIZATION FOR RELEASE OF ELECTRONIC PROTECTED HEALTH INFORMATION (ePHI)

Please print all information clearly in order to process your request in a timely manner.

(For Internal Use Only)
Application Reviewed by: Date:

Identification: ☐ License ☐ State ID ☐ Passport ☐ Other_ ID ID Number:

**A. Applicant Information for My Health Data** (Information should appear as it does on your identification.)

Name: Date of Birth

Previous Names:

Street Address:

City/Town State Zip Code

Phone Number:

**B. Permission to Share:** I give my permission to share my electronic protected health information (ePHI). Enter where you would like the information sent.

| **To:** (To Whom You Would Like the Information Sent) | **Additional Instructions: Use this section to describe any additional requirements or needs.** |
|---|---|
| Name:<br>Address<br><br>Email:<br>Phone:<br>Direct Address<br>Format: ☐ PDF ☐ XML ☐ Other | |

**C. I understand and agree that:**

- Rochester RHIO cannot control how you or the recipient uses or shares the information, and that federal and state laws protecting its confidentiality at Rochester RHIO will not protect the information once it has been released to you or the recipient.
- This authorization is voluntary.
- Printing and shipping fees may apply for a paper or fax copy.
- I may cancel this authorization at any time by submitting a written request to Rochester RHIO, except if the information has already been released (it will not be retrieved).
- I understand that Rochester RHIO can only provide data for care providers who send data to Rochester RHIO.

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**D. Does HIPAA protect all health information?**

No. You may have heard about the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. These are federal laws that set national standards for protecting the privacy and security of health information. Health information that is kept by health care providers, health plans, and organizations acting on their behalf is protected by these federal laws. However, you should know that there are many organizations that do not have to follow these laws.

Some examples of health information that is not covered by HIPAA include health information that patients:

- Store in a mobile app or on a mobile device, such as a smartphone or tablet.
- Share over social media websites or health-related online communities such as message boards.
- Store in a personal health record (PHR) that is not offered through a health provider or health plan covered by HIPAA.

**E. Think carefully before sharing your health information online or via third-party apps.**

Think carefully before you post anything on the Internet that you don't want to be made public—do not assume that an online forum or a third-party app is private or secure.

- Be aware that information posted on the web may remain there permanently.
- Research third-party mobile apps, software programs that perform one or more specific functions, before you download and install any of them. Be sure to use know app websites or trusted sources.
- Read the terms of service and privacy notice of the mobile app to verify that the app will perform only the functions you approve.
- Utilize non-profit resources like the CARIN Alliance to see if your consumer application abides by the CARIN Trust Framework and Code of Conduct.

My questions about this authorization form have been answered.

➢ Applicant's Signature: ➢ Date:

➢ Print Name:

When an applicant is a minor, or is not competent to give consent, the signature of a parent, guardian, or other legal representative is required.

Signature of Legal Representative: Date:

Print Name: Relationship of representative to Applicant:

**Notary Section (Optional)**

STATE OF NEW YORK, COUNTY OF

On the day of in the year before me, the undersigned, personally

appeared personally known to me or proved to me on the basis of satisfactory

evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public:

Printed Name: My Commission Expires