



**This is a suggested script that office staff, nurse or other professionals can use to explain what the Rochester RHIO consent form is. We encourage them to provide the Rochester RHIO information brochure with the form, and refer people to [rochesterrhio.org](http://rochesterrhio.org) or 877-865-7446 for more information.**

#### **Suggested Wording for Most Care Settings**

This is a consent form that would allow [INSERT PRACTICE NAME] to access to your medical records electronically through Rochester RHIO. If you say “yes,” it will help us to obtain health information we need from other labs or doctors you see as part of your treatment. This consent choice means that your health information, including specially protected substance use or behavioral health information, will be available to all the authorized users within our [insert name of organization here] hospital, organization, or practice.

#### **See additional notes below:**

You also have the option to not sign a RHIO consent at this time, or to sign a RHIO Consent and select No which would deny this organization from access to your information. You also have the option to opt out of the Rochester RHIO all together. Please refer to the toll free number on the RHIO Patient Brochure to request this or for any questions you may have on the Rochester RHIO: 877-865-7446.