



Authorization for the Use of Electronic Health Records

SRCHC participates in an electronic health records system called Umpqua One Chart. Under that system, each patient has a single, secure set of electronic information that can be accessed by participating physicians, including other providers, from their offices, urgent care facilities, the emergency department, the hospital and other locations.

Among other benefits, this system:

- Enables immediate access to results of tests, imaging procedures and other potentially critical information for routine and emergency treatment;
- Facilitates the coordination of prescriptions and care by multiple providers;
- Reduces the chances of error and improves the quality of care you receive and;
- Facilitates the processing of insurance claims.

We recognize the importance of keeping your individual information confidential. Accordingly, Umpqua One Chart has, through contracts and strict rules, limited access to individual information to health care providers and those providing assistance to them, and only for the purposes of providing health care to you and related activities. Your privacy is also protected by state and federal law. By obtaining care from us, you consent to our participation in the Umpqua One Chart system, and use of that system to provide care to you, to the fullest extent permitted by law. **If you do not consent, you must find care elsewhere.**

Please initial all items below:

_____ I acknowledge, and consent to the use of Umpqua One Chart.

I specifically acknowledge, and consent that SRCHC may include information about testing, diagnosis, treatment and related information about the following kinds of problems in my records.

_____ HIV/AIDS

_____ Mental Health

_____ Genetic Testing

_____ Drug/Alcohol

Patient or Guardian/Personal Representative signature (circle one)

Date

Printed name of Patient

Printed name of Signatory and relationship, if not Patient

9/28/16