

# Authorization for Electronic Health Information Exchange Through Elation, Epic, and Carequality

## Silver Lake Direct Primary Care

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## Patient Authorization for Electronic Health Information Sharing

I, \_\_\_\_\_ (“Patient”), authorize **Silver Lake Direct Primary Care** to electronically exchange, access, send, and receive my protected health information (“PHI”) through the Elation Health electronic medical record system, connected Epic systems, and the Carequality interoperability network for purposes of treatment, care coordination, referral management, medication reconciliation, continuity of care, and healthcare operations as permitted under applicable law.

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## About Carequality

Carequality is a national interoperability framework utilized to enable health information exchange across healthcare platforms and vendors. Carequality connects different health data networks under a common set of nationwide legal, technical, and policy rules with the goal of promoting trusted and patient-consented exchange of health information.

Carequality itself does not store patient information. Instead, it enables secure exchange between participating health information networks and service platforms through the Carequality framework to help ensure participants uphold applicable data exchange policies.

The Carequality framework enables access to patient data and records outside of Elation Health. As such, data included in the network is not managed by Elation Health, and Elation

Health is not responsible for the maintenance, validation, accuracy, completeness, or configuration of access to data obtained through Carequality-connected systems.

Upon authorization to share patient data through Carequality:

- Other authorized Carequality participants may query and receive clinical documents for permitted purposes, subject to applicable law and each responding organization's access policies.
  - The exchange may include the patient's complete medical record maintained within participating systems.
  - This may include information considered sensitive or specially protected under state or federal law, including but not limited to:
    - Mental health records
    - Substance use treatment information
    - HIV/AIDS-related information
    - Genetic testing information
    - Psychotherapy-related documentation where permitted by law
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## **Information That May Be Shared**

The information disclosed may include, but is not limited to:

- Medical history and problem lists
  - Office visit notes and consultation reports
  - Laboratory and imaging results
  - Medications and allergies
  - Immunization records
  - Diagnoses and treatment plans
  - Demographic and insurance information
  - Referral and specialist communications
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## **Purpose of Disclosure**

The purpose of this authorization is to improve coordination of care and allow healthcare providers participating in connected health information exchange systems to securely access relevant medical information needed for treatment and healthcare operations.

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## Expiration

This authorization shall remain in effect until revoked by the patient in writing or until:

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(if no date is provided, this authorization shall remain valid for five (5) years from the date signed unless otherwise revoked).

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## Patient Rights

I understand that:

- I may revoke this authorization at any time by submitting written notice to Silver Lake Direct Primary Care, except to the extent action has already been taken in reliance on this authorization.
  - My treatment, payment, enrollment, or eligibility for benefits is not conditioned upon signing this authorization.
  - Information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state privacy laws if redisclosed improperly.
  - Electronic exchange systems use industry-standard security safeguards; however, no electronic transmission system can be guaranteed to be completely secure.
  - By signing this authorization, I acknowledge and consent to the sharing of my health information through Carequality-connected systems as described above.
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## Sensitive Information Acknowledgment

Patient initials acknowledging understanding that sensitive information may be shared through Carequality-connected systems:

Initials: \_\_\_\_\_

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## Patient Acknowledgment and Signature

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature of Patient or Legal Representative:

\_\_\_\_\_

Date: \_\_\_\_\_

If signed by personal representative, describe authority:

\_\_\_\_\_  
\_\_\_\_\_

## **Practice Representative**

Authorized by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_