

Patient Name: \_\_\_\_

Patient DOB: \_\_\_\_

## CONSENT FOR HEALTH INFORMATION EXCHANGE

PRISMA is the health information exchange that brings together records from small clinics to large-scale hospital systems whose medical records systems participate in the Carequality and CommonWell Health alliance networks. PRISMA also aggregates patient information from insurance payers and patients' wearable devices to promote better interoperability and patient health outcomes.

Please initial beside the option of your choice:

## **Opt In: Send and Receive Documents**

X\_\_\_\_\_ Loudoun Medical Group will send clinical documents when requested by external connected sites (PRISMA) and will also request clinical documents from external connected sites (PRISMA) and display them in our electronic medical records.

## Opt Out

X\_\_\_\_\_ Loudoun Medical Group will neither send clinical documents to nor request clinical documents from external connected sites.

Signature of Patient, Parent/Legal Guardian, or Person Acting Loco Parentis

Date

Relationship (if any)