



Texas A&M Health Sciences Center, Coastal Bend Health Education Center (TAMHSC-CBHEC) Diabetes Education program participates in the Health Information Network of South Texas (HINSTX) which is a nonprofit, community health information exchange that facilitates electronic exchange of patient information with physicians, hospitals, labs, pharmacies and other providers. HINSTX will also connect to other HIEs to allow information to be available to other providers when patients travel outside of our region. Sharing patient information with other providers through HINSTX helps TAMHSC-CBHEC Diabetes Education program patients save time and make better treatment decisions with a more complete patient record. It will allow them to avoid duplicate tests and procedures and gain immediate access in emergencies to critical information such as allergies, diagnosis, medications and other important data. See HINSTX's brochure for more information about how HINSTX helps us promote patient health and protects patient information. Patients can also read more about HINSTX at www.HINSTX.org.

I understand that TAMHSC-CBHEC Diabetes Education program shares patient information through HINSTX and have received a copy of HINSTX's brochure. _____ **Patient Initials**

Patients have the right to opt out of having their information shared through HINSTX by signing an Opt-Out Form. You may request an Opt-Out form from TAMHSC-CBHEC Diabetes Education program staff and they will help you complete it. TAMHSC-CBHEC Diabetes Education program will not discriminate against you if you choose to sign an Opt-Out form and TAMHSC-CBHEC Diabetes Education program does not require you to share information through HINSTX in order to receive medical treatment.

I understand that I have the right to opt out of having my patient information shared through HINSTX by signing an Opt-Out Form. _____ **Patient Initials**

HINSTX makes every effort to ensure that sensitive patient information, such as HIV/AIDS, mental health and substance abuse treatment-related information (sensitive information), is blocked from viewing. However, due to system limitations, TAMHSC-CBHEC Diabetes Education program and HINSTX are limited in blocking sensitive information at this time. By initialing this paragraph and signing this form you are agreeing to share your sensitive information with other providers through HINSTX. _____ **Patient Initials**

PLEASE CHECK ONE:

- ☐ At this time, I am **not** interested in participating with HINSTX.
- ☐ I agree to share my sensitive information with other providers through HINSTX.

Print Name of Patient

Patient Date of Birth

Signature of Patient or Patient's Legal Representative

Date

Print Name of Legal Representative (if applicable)

Relationship to Patient (if applicable)