

REQUEST FOR HEALTH INFORMATION APP INTEGRATION

Please complete this form to request connectivity to your Marion General Hospital (MGH) Health records via a mobile health App as set forth below ("Mobile App"). The following requirements must be met prior to MGH granting approval to establish connectivity to the Mobile App. MGH will mail you an approval letter with further instructions for connecting the Mobile App or declination letter with reason(s) why it was declined.

Requirements

1. The Mobile App must meet Fast Healthcare Interoperability Resources (FHIR) standards.
 - a. Contact the Mobile App vendor and provide validation the App was developed using FHIR standards (<http://hl7.org/fhir/>).
2. Review the disclaimer and complete the information below. Sign this form to acknowledge the disclaimer and your decision to utilize the indicated Mobile App.

Disclaimer

By signing below, you acknowledge and agree to the following:

1. You are directing MGH to transmit data from your MGH Health record to the Mobile App.
2. You understand that it is not possible to guarantee that any transfer over the internet is 100% secure and MGH has no control over the methods of transmission utilized by the Mobile App. As a result, MGH cannot control the security of your MGH Health record data when it is transmitted or shared with the Mobile App.
3. You accept the risk that the transmission you have directed MGH to make of your MGH Health record data with the Mobile App may be insecure, and your data may be exposed to a third party.
4. You understand that once MGH transmits your MGH Health record data to the Mobile App, MGH is not responsible for the confidentiality, accuracy, security, or availability of that data.
5. You are responsible for reviewing the Mobile App's privacy policy and/or terms of use that control the Mobile App's use and disclosure of your information after it is transmitted to the Mobile App by MGH. If you do not agree to the Mobile App's privacy policy and/or terms of use, do not complete this request to connect your MGH Health records with the Mobile App.

Patient First Name:

Patient Last Name:

Address:

City: State: Zip:

Phone Number w/ Area Code:

Requested Mobile App Name:

Requested Mobile App Website:

By signing below you represent that the information provided above is true and accurate and that you have read and understand the Disclaimer.

Patient Printed Name: _____

Signature: _____

Date of Signature: _____

Personal Representative Name (if applicable): _____

Relationship to Patient: _____

Please fax this completed request to MGH Information Technology @ 765-662-4838.