

- 4) To better provide for your care and enhance your patient experience, we seek to coordinate and integrate our care delivery through our electronic medical record (EMR) which is paperless. We share access to the EMR across the Franklin Medical Group, and some other Franklin Medical Group affiliated practices (accessed only as described in the Notice of Privacy Practices). Our current EMR does not functionally allow us to limit access to your record by blocking it from our Medical Group staff and related practices.

By signing this authorization form, you understand and agree that you are allowing disclosure of and access to all your health information, including information related to alcohol and substance abuse/use, mental or behavioral health, and HIV/AIDS. If health information about you includes any of these types of information, you specifically authorize the release of such information to, and access to such information by, the authorized health care providers and professionals listed at www._____. You may revoke this authorization at any time except to the extent it has already been relied upon. Unless earlier revoked, this consent will expire if and when Franklin Medical Group's EMR no longer exists. Since we do not use a paper system for documenting the care of patients, we can only use our EMR. We hope that you will find the EMR system facilitates your care. If you don't want your medical information stored in our EMR, we unfortunately cannot care for you in this practice. If you have any questions, please do not hesitate to ask us about our EMR.

I choose to opt out and by doing so understand I decline to receive care at Franklin Medical Group.

Patient Signature / Date

Parent or Guardian Signature / Date
If patient is a minor (under age of 18) or has a guardian/conservator, this must be signed by the parent or legal guardian.