

Patient Name: _____

Patient Birth Date: _____

Patient (or Designee) DIRECT Address: _____

Dear Healthcare Provider:

Please send my health information from your medical records system directly to my personal online health application using the DIRECT secure messaging address listed above. By sending my medical information directly to my preferred health app, you can help me manage important information about my healthcare and take a more active role in my health and wellness. It is my right to have access to this information in a form of my choosing as long as it is available that way (see http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/consumer_rights.pdf).

There are two ways that you can help me access and manage my electronic health information:

- 1) If you are using Electronic Health Record (EHR) software that is certified for Meaningful Use Stage 2, then your software should be able to generate a DIRECT message that includes my health record information. DIRECT works just like email but it has extra security features built in to help protect health information when it is sent from one computer system to another. Your EHR software vendor should be able to provide you with a ready-to-use DIRECT messaging service and instructions on how to use it.

More info on Direct: http://www.healthit.gov/sites/default/files/directbasicsforprovidersqa_05092014.pdf

- 2) You may want me to access my health record information on my own using your patient portal. Thank you for providing me with this helpful option. However, if your portal does not provide a download capability, I won't be able to put my information into the online app I am using to assemble all my records in one place. Enabling Blue Button is a good way for your EHR software vendor to make it easy for me to get my information through your patient portal.

More info on Blue Button:

<http://www.healthit.gov/patients-families/your-health-data>

I got this letter from the National Association for Trusted Exchange (NATE) (<http://nate-trust.org/bluebutton>). If you need help with my request, you can contact NATE at info@nate-trust.org. NATE can help you work with your EHR vendor, so they can provide you with the tools and training you need in order to securely send my information to my preferred application.

Thank you for helping me take control of my health. **By signing this letter, I authorize you to send my personal health information from your EHR system to my designated online health application (or that of my designee) using the DIRECT address I have provided above.**

Signed,

Patient Signature

Date