

**AUTHORIZATION FOR DHE PROVIDER'S ACCESS TO INDIVIDUAL'S ELECTRONIC MEDICAL RECORD (MAESTRO CARE)**

The purpose of this form is to permit a Duke Health patient (or the patient's personal representative) to authorize a DHE Provider who has no treatment relationship with the patient to access the patient's Maestro Care record.

**Adult patient (18 years and older)**     **Minor patient (under 12 years of age only)\***

**PART A: PATIENT INFORMATION**

Patient Name	Patient MRN	Patient DOB	
Patient Street Address	City	State	Zip Code

**PART B: DHE PROVIDER TO RECEIVE ACCESS**

The patient/personal representative authorizes the **DHE Provider** named below to access **ALL** of the patient's **PHI (i.e., clinical information)** maintained in Maestro Care. This access is for treatment-related purposes.

Name of DHE Provider:	DHE Provider Email:
DHE Provider Title/Position (e.g. physician, nurse practitioner, etc.):	DHE Provider Net ID:

**DHE Provider Relationship to Patient\***

<u>Related</u> The DHE Provider listed above is the patient's: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Other (describe): _____	<u>Unrelated</u> The DHE Provider listed above is the patient's: <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Co-worker <input type="checkbox"/> Other (describe) _____
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\*NOTE: Due to North Carolina law, if the DHE Provider is the parent or legal guardian of a patient between the ages of 12 and 17, then this form may **NOT** be used to grant the DHE Provider access (an alternative form that may be used in such circumstances is available at <https://www.dukehealth.org/medical-records>).

**PART C: IMPORTANT NOTICE ABOUT INFORMATION THAT WILL BE ACCESSED**

The DHE provider will have access to **ALL** of the patient's records maintained in the Duke Health EHR system:

- *All Records Will be Made Available.* All records contained in the Duke Health electronic health record system (which contain records from all DUHS facilities, the PDC and affiliated sites) will be available to view by the DHE Provider. These records will include the patient's demographic information, insurance information, labs, prescriptions, medical diagnosis and clinical notes.
- *Sensitive Medical Information.* Access will include records relating to mental health, pregnancy, HIV, sexually transmitted diseases, genetic testing, and alcohol/substance abuse treatment.
- *Records from Outside Providers.* Records from other providers outside of Duke Health that are included in the patient's Duke Health medical records will also be available for access by the DHE Provider named above.
- *Records Created in the Future.* All medical records created during the time in which this Authorization is valid will also be available for access by the DHE Provider named above.

**PART D: INFORMATION THAT WILL BE AVAILABLE TO ACCESS (NOTE: you may not uncheck any boxes; for alternative release options visit: <https://www.dukehealth.org/medical-records>)**

<input checked="" type="checkbox"/> Clinical Notes <input checked="" type="checkbox"/> Emergency Dept./Urgent Care <input checked="" type="checkbox"/> History & Physical <input checked="" type="checkbox"/> After Visit/Discharge Summary <input checked="" type="checkbox"/> Operative/Procedure Notes <input checked="" type="checkbox"/> Demographics	<input checked="" type="checkbox"/> Provider Orders <input checked="" type="checkbox"/> Diagnoses <input checked="" type="checkbox"/> Medications <input checked="" type="checkbox"/> Records from other providers <input checked="" type="checkbox"/> Records created outside of Duke <input checked="" type="checkbox"/> Future records created during the time this authorization is valid	<b>The DHE Provider listed above will have access to the patient's sensitive PHI, including:</b> <input checked="" type="checkbox"/> Mental Health/Psychiatric Treatment <input checked="" type="checkbox"/> Alcohol/Substance Abuse Treatment <input checked="" type="checkbox"/> STD/HIV/Aids Treatment/Test(s) <input checked="" type="checkbox"/> Genetic Testing
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**PART E: EXPIRATION**

This Authorization will automatically expire one (1) year from the date of the patient's/personal representative's signature in Part F below, unless an earlier date, event or condition is written below:

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\*NOTE: If the patient is under the age of 12 when this Authorization is signed by the patient's personal representative, but the patient will turn 12 during the access period, this Authorization will expire on the patient's 12th birthday.

**PART F: REVIEW AND APPROVAL BY PATIENT OR PERSONAL REPRESENTATIVE**

- You have the right to revoke this Authorization by submitting a written request to revoke to either: (1) **DUHS Health Information Management, DUMC Box 3016, Durham, NC 27710**; OR (2) the patient's DHE Provider/Primary Care Physician/Attending Physician. Although you may revoke this Authorization at any time, the revocation will not apply to any information already released as a result of this Authorization.
- Your refusal to sign this Authorization will not affect the patient's treatment, payment, enrollment or eligibility for benefits or the quality of care received by the patient.
- Any information disclosed pursuant to this Authorization may no longer be protected by federal and state privacy laws and could be **redisclosed** by the person or agency that receives it.
- The DHE Provider's permission to access the patient's Maestro Care record pursuant to this Authorization may be terminated by Duke Health at any time and for any reason, including, but not limited to, if the patient's attending provider determines that such termination will be in the best interest of the patient.

Signature of Patient/Personal Representative	Date
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**FOR RECIPIENT OF SUBSTANCE ABUSE INFORMATION**

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see 42 CFR § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at 42 CFR §§ 2.12(c)(5) and 2.65.