Informed Consent Scripts

Use the suggested script below that matches your care setting to explain the HealtheConnections consent form. These scripts are intended to support office staff, clinical staff, and other professions.

Additional information, including patient resources and FAQs, is available in the Resource Center at healtheconnections.org/resources.

Primary Care Practice

This is a consent form that would allow the practitioners associated with your health care, within this organization only, to access your medical records electronically through HealtheConnections. If you say "yes," it will help us to get information from other labs or doctors you see as part of your treatment. Only our practice will be able to see your information with this consent.

Specialist (Independent)

This is a consent form that would allow the practitioners associated with your health care within this organization to access your medical records electronically through HealtheConnections. If you say "yes," it will help us to get information we need from other labs or doctors you see as part of your treatment. Only our practice will be able to see your information with this consent.

Specialist (Hospital-based Practice)

This is a consent form that would allow access to your medical records electronically through HealtheConnections. If you say "yes," it will help us to get information we need from other labs or doctors you see as part of your treatment. Only the doctors that you see in this hospital will have access to your information.

Hospitalist

This is a consent form that would allow access to your medical records electronically through HealtheConnections. If you say "yes," it will help us to coordinate care between the different doctors and labs you see as part of your treatment. Only the healthcare providers that you see in this hospital are allowed to have access to your information.

Emergency Department

This is a consent form that would allow access to your medical records electronically through HealtheConnections. If you say "yes," it may help your emergency room doctors to provide better care, and to share information with other doctors who treat you. Only the doctors that you see in this hospital will have access to your information.

Optional Add-on: During Initial Rollout:

After the applicable script above, add: "We are in the initial stages of rolling out HealtheConnections to all of our physicians within our hospital. Gaining your consent is the first, most critical step in this roll out process, however, there may be a small gap of time from when you sign this form before your physician can access this record."

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