

Patient Privacy FHIR Consent

This template is used for demonstration purposes to show, in human readable form, selections made by patient while completing the "Share My Data" questionnaire.

The dates during which this consent is enforced.

Start Date:

End Date:

This consent authorizes exchange of these types of my patient health information;

This consent authorizes the following person or organization to release my health information.

This consent authorizes the following person or organization to receive my health information.

In the event privacy sensitive information is found in my record during this exchange, perform the following;

I have reviewed the above directives of this consent and approve its use during exchange of my health information between the two parties identified above.

Patient Signature

Name Printed

Date

Location