

There are penalties for inappropriate access to or use of your electronic health information. If at any time you suspect that someone who should not have seen or gained access to your personal information, contact one of the NABIDH Providers, or call 800-DHA (800-342) or visit the NABIDH website at <https://nabidh.ae>.

By signing this form, I hereby ACKNOWLEDGE and AGREE as follows:

1. My healthcare providers that participate in the NABIDH HIE may disclose my health information to the NABIDH system and/or maybe shared with all healthcare provider participants of NABIDH that are involved in my care in the Emirate of Dubai.
2. The NABIDH HIE may also share my health information with members of other UAE health information exchanges to which NABIDH connects and who are involved in my care (ONLY within the UAE).
3. My health information that will be shared through NABIDH will include health information from both, before and after today's date.
4. My health information that will be shared through NABIDH includes information about my diagnoses, test results (x-rays or laboratory), and medications that have been prescribed to me.
5. Healthcare providers who receive health information about me through NABIDH may copy or include my health information into their medical records when caring for me.
6. If I cancel this consent, such cancellation will not affect the health information to those providers already accessed and copied.
7. I understand that this consent will remain in effect until I cancel (i.e. opt-out of) it.
8. I understand that my refusal to sign this Consent will not prevent me from receiving care from healthcare providers or another Participant.
9. I understand that in almost all cases I have the right to inspect or copy the specific health information I have authorised to be disclosed by this Consent form.

10. I understand that I have the right to cancel this consent by completing and submitting the “NABIDH Health Information Exchange Opt-Out Request Form” to my healthcare provider.
11. It may take between 2 – 5 business days after receipt to process my consent and for NABIDH to make my information available for sharing through NABIDH.
12. The information related to the NABIDH Consent Form has been interpreted in a language that is understood by me.
13. I have a right to ask for a copy of this form after I sign it.

☐ I also agree that NABIDH users can access my sensitive health information that includes:

1. Chemical dependency
2. Human immunodeficiency virus (HIV), also known as Acquired Immune Deficiency Syndrome (AIDS)/HIV/AIDS status
3. Mental health conditions
4. Behavioural health information
5. Psychotherapy notes
6. Alcohol and substance abuse
7. Reproductive health
8. Genetic testing information
9. Sexual health (including sexually transmitted diseases)
10. Child pregnancy data
11. Child abuse conditions