

Patient label

Authorization to Allow Electronic Access to My UAMS Medical Record Through MD-Link System

What is the “MD-Link System?” An electronic system operated by UAMS that will allow your physicians who are not employed by UAMS, and appropriate members of their staff, to view and access your UAMS electronic medical record (if they choose to sign up for MD-Link access). **Why?** This electronic access allows your non-UAMS physicians to have a more timely and efficient method of accessing your UAMS health information for the purpose of providing your continued medical treatment.

Primary Care Physician <i>(The doctor you see for regular checkups)</i>	Referring Physician <i>(The doctor who sent you here or who needs your records from UAMS after your discharge)</i>	Additional Physician <i>(The doctor who needs your records from UAMS after your discharge)</i>
Name (print) _____	Name (print) _____	Name (print) _____
City _____ State _____	City _____ State _____	City _____ State _____

Authorization and Purpose: I authorize and give permission for the physicians named above, and their staff as deemed appropriate by these physicians, to view/access my medical records stored electronically at UAMS for the purpose of my continued medical treatment, payment for my treatment, or limited health care operation uses permitted by the federal Privacy Rule. **I understand that I am not required to sign this Authorization,** and my treatment or eligibility for benefits will not be conditioned on whether I sign this Authorization.

Health Information Accessed: I understand that this Authorization is for read-only access to my medical records maintained electronically by UAMS, which may include my medical records from other physicians, hospitals, and clinics outside of UAMS, and may include references to alcohol or other chemical dependencies, psychiatric conditions, sexually transmitted diseases, and HIV information, if any of these situations apply to me.

Expiration/Withdrawal of Authorization: If I change my PCP or want to terminate my referring physician's MD-Link access or if I sign this Authorization, I may withdraw it at any time by informing UAMS in writing to Physician Relations, 4301 W. Markham, #727, Little Rock, Ark. 72205. Any MD-Link access to my information previously provided by UAMS in reliance upon my signing of this Authorization will not be affected by my withdrawal at a later time. **I understand that it is my responsibility to inform UAMS so that these physicians and their staff will no longer have electronic access through MD-Link.** This Authorization will expire when my physicians named above are no longer my treating/referring physicians, and I have notified UAMS that they should no longer have MD-Link access.

Patient Signature or Patient's Legal Representative Relationship to patient Date
If Legal Representative signs, state relationship to patient (parent of minor, court-appointed guardian, healthcare power of attorney) (documentation required)

PLEASE NOTE that any of your physicians can still receive your medical information/records for purposes of your treatment, or other lawful purposes, by receiving such information by phone, mail, fax, or other means of delivery.

For more information, visit www.uams.edu

Denial of Physician Access - Complete this section only if you DO NOT want electronic access provided

☐ **I do not** want my PCP and/or Referring Physician listed below to have electronic access to my UAMS medical records through MD-Link.

Primary Care Physician

Referring Physician

Patient Signature or Patient's Legal Representative

Relationship to patient

Date

If Legal Representative signs, state relationship to patient (parent of minor, court-appointed guardian, healthcare power of attorney) (documentation required)

Printed Name of Employee processing request

Date