

What can CareTrac Health Information Exchange (HIE) do for me?

HIE is a way of sharing your health information among participating doctor’s offices, hospitals, and other care providers through secure, electronic means. The purpose of HIE is to give participating providers faster access to your health information that will facilitate safer, more timely, and efficient patient-centered care.

If you elect to allow your information to be shared via CareTrac HIE, any authorized provider who participates in CareTrac, or is a member of another HIE connected to CareTrac, can electronically access and share your health information through CareTrac.

Participating MN Facility	City		Participating MN Facility	City
Appleton Area Health Services	Appleton		Murray County Medical Center	Slayton
Appleton Clinic	Appleton		Nobles County H&HS	Worthington
Chippewa County FS	Montevideo		Redwood Area Hospital	Redwood Falls
Chippewa Cty Montevideo Hospital	Montevideo		Sawtooth Mountain Clinic	Grand Marais
Community Health Services	Willmar		Southwest H&HS	Marshall
Community Health Services	Moorhead		Southwest H&HS	Redwood Falls
Community Health Services	Owatonna		Southwest H&HS	Slayton
Community Health Services	Rochester		Southwest H&HS	Ivanhoe
Community Health Services	Crookston		Southwest H&HS	Pipestone
Cook Area Health Services	Big Falls		Southwest H&HS	Luverne
Cook Area Health Services	Big Fork		Southwestern Mental Health	Worthington
Cook Area Health Services	Cook		Southwestern Mental Health	Jackson
Cook Area Health Services	Floodwood		Southwestern Mental Health	Luverne
Cook Area Health Services	Northome		Southwestern Mental Health	Pipestone
Cook Area Health Services	Tower		Southwestern Mental Health	Windom
Countryside Public Health	Granite Falls		Swift County Benson Hospital	Benson
Countryside Public Health	Benson		Western Mental Health	Marshall
Countryside Public Health	Ortonville		Western Mental Health	Redwood Falls
Countryside Public Health	Montevideo		Western Mental Health	Slayton
Countryside Public Health	Madison		Western Mental Health	Canby
Des Moines Valley H&HS	Jackson		Western Mental Health	Ivanhoe
Des Moines Valley H&HS	Windom		Woodland Centers	Willmar
Granite Falls Municipal Hospital	Granite Falls		Woodland Centers	Montevideo
Greater MN Family Services	Willmar		Woodland Centers	Dawson
Kandiyohi County H&HS	Willmar		Woodland Centers	Litchfield
Lake Superior CHC	Duluth		Woodland Centers	Olivia
Montevideo Medical Clinic	Montevideo		Yellow Medicine County FS	Granite Falls

Health Information Exchange

Sawtooth Mountain Clinic is a member of CareTrac, an electronic health information exchange that enables the secure exchange of medical records among hospitals, doctors and other health care entities for specific purposes relating to a patient's treatment, including payment for treatment. Where there are many benefits to participation in CareTrac, you may elect to opt out of CareTrac by selecting the opt-out option below. By opting-out of CareTrac, your medical records may be sent to CareTrac but you acknowledge and agree that any medical records stored in CareTrac will not be available to or viewable by any CareTrac participants, including in the event of a medical emergency. You may change your decision at any time by informing your provider.

AUTHORIZATION

Unless I have opted out of CareTrac, I understand that my medical records and related information, will be securely stored in CareTrac and will be accessible by CareTrac participants (including my physicians) for permitted purposes, including for my treatment, for payment for my treatment, and for health care operations consistent with federal and state laws. I agree that my authorization and consent to participate in CareTrac will remain valid until revoked.

Participant's Name:

Participant's Signature:

Participant's Representative (if applicable) Signature:

Date:

OPT OUT

If I select this option, I am specifically requesting that my information from the CareTrac service be excluded from access by any CareTrac participant.

Participant's Name:

Participant's Signature:

Participant's Representative Signature (if applicable):

Date:
