**Health Information Exchange Program**

Surgical Wound Care Associates, TN participates in the Health Information Exchange (HIE) program to increase collaboration with other healthcare practitioners to provide better care for patients. This program allows for the safe exchange of clinical patient information such as office notes, testing, laboratory results, etc. to help all practitioners provide accurate care/treatment in a timely manner and minimize redundant testing with extra expenses.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for Surgical Wound Care Associates, TN to participate on

(First and Last Name)

my behalf with the Health Information Exchange (HIE) program including Care Quality and Common Well.

Signature \_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_