Survey for Developing Educational Material for Accessing Patient Medical Information

What information do you need to decide whether health care providers may electronically access your medical information?

As described in our cover letter, doctors and hospitals can electronically access patient health information through HEALTHeLINK, a health information exchange. HEALTHeLINK stores your health information and makes it available to HEALTHeLINK members (health care providers) when they ask for it.

We are surveying 2,500 New York residents. Our survey asks about the information you need before deciding whether to allow physicians to access your medical information through a health information exchange like HEALTHeLINK.

Your feedback is important. Please return this voluntary and anonymous survey in the stamped return envelope by February 23, 2012.

Tell Us About Yourself						
1. Please circle your ge	ender.	A. Male	B. Female			
2. Do you speak a langu	uage other than English at home?	A. Yes	B. No			
3. What is your age?						
	r highest level of completed	A. Not a high school graduate	D. Associate's degree			
4. Please circle your high education.		B. High school graduate	E. Bachelor's degree			
		C. Some college but no degree	F. Advanced degree			
		A. Allegany	E. Genesee			
		B. Cattaraugus	F. Niagara			
5. Please circle the cou	nty you live in.	C. Chautauqua	G. Orleans			
		D. Erie	H. Wyoming			
Please tell us how you prefer to receive information and what information you need. Please circle your responses to the following statements.						
6. I would prefer to learn about my provider's electronic accessing of my medical information through (circle all that apply)						
Brochure	Health Care Provider	Video/You Tube	E-mail			
Internet	Website/Blog	Mobile Device	Other			

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0376. The time required to complete this information collection is estimated to average five minutes per response, including the time to review instructions, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

Before I decide whether to allow providers to electronically access my medical information through a health information exchange, I would want to know (please circle one choice per statement)								
7 which of my health care providers (my doctor, my hospital, other providers) would share my medical information.								
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree			
8 how my information will be used by doctors, hospitals, labs, and other health care providers.								
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree			
9 whether my information will be shared with health insurance companies, Medicare, or Medicaid.								
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree			
10 whether sensitive information (such as genetic information, HIV test results or mental health care) will be shared.								
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree			
11 who can access my medical information (health care providers, health insurers).								
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree			
12 what happens if someone misuses (gains access or shares without permission) my information.								
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree			
13 my legal rights regarding the electronic accessing of my information (individual privacy rights).								
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree			
14 how I can change my mind about my choice whether to share my information.								
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree			
15 how my information is kept safe from people who are not authorized to see it.								
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree			
16. Please use the space below to tell us what other information you need before deciding whether to allow physicians to electronically access your medical information through a health information exchange.								
Th	ank vou verv much. Pl	ease mail vour <i>c</i>	completed survey	back to us in the	e enclosed envelope by February			
	23, 2012							