

## Survey for Developing Educational Material for Sharing Patient Medical Information

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

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

*We are surveying 2,800 New York residents. Our survey asks about the information you need before deciding whether to allow your physicians to share 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 XXXX DATE.**

### Tell Us About Yourself

<b>1. Please circle your gender.</b>	A. Male	B. Female
<b>2. Do you speak a language other than English at home?</b>	A. Yes	B. No
<b>3. What is your age?</b>		
<b>4. Please circle your highest level of completed education.</b>	A. Not a high school graduate	D. Associate's degree
	B. High school graduate	E. Bachelor's degree
	C. Some college but no degree	F. Advanced degree
<b>5. Please circle the county you live in.</b>	A. Allegany	E. Genesee
	B. Cattaraugus	F. Niagara
	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 sharing of my medical information through... (circle all that apply)

Brochure
Health Care Provider
Video/You Tube
E-mail

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