



**Single Consent to Share Medical Information with
CNMC IQ Network Providers Treating My Child**

As part of our commitment to improve the quality and the coordination of medical care for the children we serve, **Pediatric Care of Rockville, P.A.** has elected to participate in the Children’s National Medical Center’s IQ Network. This innovative program is the first in the country to attempt to provide real-time coordination of care via an electronic medical record that allows an interface between your child’s primary care pediatrician and one of the country’s leading children’s hospitals.

This SINGLE CONSENT will allow us to share information with an ER doctor treating your child, or with a specialist to whom you have agreed we are to refer your child, so that they are able to quickly access critical information about your child from his/her medical record before beginning treatment. This should dramatically reduce the chance of medical errors including adverse drug interactions or allergic reactions.

Your child’s health care information is encrypted (encoded) **and can be accessed only by healthcare providers who are caring for your child and have a need to know.** As **Pediatric Care of Rockville, P.A.** is a part of the Children’s IQ Network, this written SINGLE CONSENT will allow the sharing of information with any provider within the IQ Network whom you have elected to be involved in the treatment of your child. You do have the option to opt out of SINGLE CONSENT. If you choose to opt out, you will need to sign a separate consent form each and every time your child needs to be seen by another member of the Children’s IQ Network other than those at Pediatric Care of Rockville, P.A.

PATIENT RIGHTS: I have received a copy of the **Children’s IQ Network (CIQN)** Information Sheet. I understand that patient information will still be stored electronically for my provider’s records, and that an electronic health summary will be available to other providers through the CIQN. I also understand that I have the right to not share (opt out) health information with other providers within the CIQN.

PROTECTED DISCLOSURE OF INFORMATION: I understand that Children's complies with all federal and local regulations including the Health Insurance Portability and Accountability Act; and that this Consent includes my agreement that Children's can use private health information for treatment of my child as defined in the Notice of Privacy Practices. I agree to Children’s use of de-identified health information about my child for appropriately reviewed and approved research and quality improvement activities.

Patient Name

Date of birth

Signature of patient/parent/guardian

Date

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