

GEMMS | MYRECORD™

Personal Health Record



Peace of mind that fits in your wallet.™

AN EXCLUSIVE BENEFIT FOR OUR PATIENTS.

As a patient of The Care Group and St. Vincent Heart Center of Indiana, you now have exclusive access to a remarkable new technology that can provide you access to your medical record in an emergency medical situation, no matter where you are.

IT'S CALLED MYRECORD.

MyRECORD is a credit card-sized compact disk that contains your important cardiovascular medical information, pulled directly from your medical record at The Care Group. The disk fits easily into your wallet or purse and allows you to carry your health records with you at all times.

So no matter where you are or what condition you are in, you will have peace of mind knowing that MyRECORD will always be available to you and your healthcare providers.

ACCESS TO YOUR VITAL HEALTH INFORMATION.....INSTANTLY.

Medical errors are now a leading cause of death and often caused by insufficient medical information when seen by a healthcare professional who is unfamiliar with your medical history. Healthcare professionals can now insert your MyRECORD disk into any computer and have immediate access to your pertinent medical information

Access to your medical record provides your healthcare providers with the necessary information to make accurate treatment and diagnostic decisions about your health.

WHAT INFORMATION CAN I EXPECT TO SEE ON MYRECORD FROM THE CARE GROUP?

- Your current medication list.
- Your current diagnosis.
- Your current allergies.
- Your discharge summary, office reports and procedure reports.
- Your diagnostic image reports or tests, such as electrocardiograms and echocardiography reports.
- Your most recent emergency contact information and physician contact information.
- Reference and educational information specific to your diagnosis and medication list.

HOW MYRECORD WORKS.

In the event of any emergency situation or if you are seen by a healthcare provider unfamiliar with your medical history, simply give the disk to the healthcare provider, who can insert the disk into any computer and access your medical information. If you are unconscious or cannot speak, emergency personnel are trained to look for your identification, which is why we recommend you carry your MyRECORD disk in your wallet or purse.

WANT TO KNOW MORE? ASK ANY MEMBER OF OUR STAFF.



The Best Outcomes in Cardiology
THECAREGROUP.COM



St. Vincent
HEART CENTER
OF INDIANA

106th & North Meridian • 86th Street
THEHEARTCENTER.COM

ACKNOWLEDGEMENT AND RELEASE.

Patient hereby agrees that:

1. The reliability of the information on patient's MyRECORD disk is at all times dependent on such information being kept complete, current, and up-to-date as patient's medical history and circumstances change. It is patient's sole responsibility and obligation to ensure the accuracy of the information contained on patient's MyRECORD disk by making certain that such information is timely updated as patient's medical history and circumstances change.
2. The information provided by GEMMS onto the patient's MyRECORD disk comes directly from the records of patient's health care providers who have given GEMMS electronic access to such records for purposes of creating and updating the MyRECORD disk. GEMMS shall have no obligation or responsibility to verify the accuracy or completeness of any such information obtained from patient's healthcare providers, nor shall GEMMS have any liability whatsoever resulting from inaccurate or incomplete information obtained from such providers.
3. Under no circumstances will the patient make (or allow to be made except by GEMMS) any changes, additions, deletions or other modifications to the information included on the patient's MyRECORD disk as provided by GEMMS, and the patient acknowledges and agrees that any such changes additions, deletions or other modifications made may affect the reliability and accuracy of the information on patient's MyRECORD disk for which patient shall be solely responsible.
4. GEMMS shall not be responsible for any damage or destruction of their MyRECORD disk while in the patient's or another third party's possession.
5. GEMMS makes no warranties, express or implied, with respect to MyRECORD or the information to be included thereon.
6. GEMMS' liability and the patient's sole remedy, with respect to any matter related to the patient's MyRECORD disk in contract, under any warranty, in tort (including negligence), in strict liability or otherwise, shall not exceed the fees paid by purchaser for such the patient's MyRECORD disk.
7. The purchaser indemnifies and holds harmless The Care Group and the St.Vincent Heart Center of Indiana harmless from the selection of specific records/ information and does not warrant that those records/information contained therein will meet the requirements of the patient.
8. I understand that this information being released also pertains to my medical records concerning treatment, including but not limited to, information regarding treatment for alcohol/substance abuse, communicable diseases, including AIDs or human immunodeficiencies virus (HIV), and/or psychiatric or mental health problems.

SIGN HERE TO PURCHASE MyRECORD AND TO ACKNOWLEDGE YOUR AGREEMENT TO THE MyRECORD TERMS AND CONDITIONS OF PURCHASE SET FORTH ON THIS ORDER FORM.

.....
Signature

.....
Date

.....
Print Name

ORDER FORM.

.....
First Name

.....
Middle Initial

.....
Last Name

.....
Date of Birth

.....
Phone Number (Daytime)

.....
Medical Record Number

.....
Home Address

.....
City

.....
State/Zip Code

I WOULD LIKE TO ORDER:

FEE:

TOTAL CHARGE:

MyRECORD Initial CD

\$ 25.00

\$

MyRECORD Additional CD(s)

\$ 25.00 QTY: _____

\$

MyRECORD Update CD(s)*

\$ 25.00 QTY: _____

\$

TOTAL ORDER: \$

If mailing this form, please include check payable to "The Care Group", or complete credit card information and signature below.
Your MyRECORD CD will be mailed directly to you in approximately 7-10 business days.

Payment Type:CheckVisaMasterCard

.....
Credit Card Number

.....
Expiration Date (MM/YY)

.....
Name on Credit Card

.....
Cardholder Signature

.....
Date

Return order form and signed acknowledgement/release to:

The Care Group, LLC
ATTN: Health Information Services
8333 Naab Road, Suite 200
Indianapolis, IN 46260

MyRecordOrderform-TCG-20408.indd