



Unifying Dubai's Healthcare

Consent Form to Register / Opt-In

This document was last updated on 15 Oct 2020

Patient Name:

MRN No.:

DOB:

Gender:

Tel No.:

Consent Form to Register / Opt-In

This form is to be used by patients who want to register/participate in the NABIDH Health Information Exchange (HIE).

The NABIDH HIE is a medium that allows your health information to be shared by participating providers including medical groups, hospitals, labs, radiology centers, and other health care providers through secure, electronic means.

The purpose of NABIDH is to give each of our participating providers the benefit to access all your health information that is currently maintained by the participating providers when delivering healthcare to you.

- Your participation in NABIDH is voluntary and your receipt of treatment or payment for treatment will not be conditioned on whether or not you sign this form.
- Your participation in NABIDH will provide you with the opportunity to access your health information and results through the NABIDH portal/website.
- You have the complete right to opt-out of the NABIDH HIE whenever you wish to.
- If you deny consent for NABIDH, your healthcare providers may not be able to access critical health information about you, obtained during a prior encounter, in a timely manner.
- Your electronic health information may be re-disclosed by a NABIDH Participant or Care Provider to others only to the extent permitted by the UAE federal laws and Emirate of Dubai regulations for the purpose of treatment, quality assurance, public health, or research. This also applies for your health information that exists in a paper form.

There are penalties for inappropriate access to or use of your electronic health information. If at any time you suspect that someone who should not have seen or gained access to your personal information, contact one of the NABIDH Providers, or call 800-DHA (800-342) or visit the NABIDH website at <https://nabidh.ae>.

By signing this form, I hereby ACKNOWLEDGE and AGREE as follows:

1. My healthcare providers that participate in the NABIDH HIE may disclose my health information to the NABIDH system and/or maybe shared with all healthcare provider participants of NABIDH that are involved in my care in the Emirate of Dubai.
2. The NABIDH HIE may also share my health information with members of other UAE health information exchanges to which NABIDH connects and who are involved in my care (ONLY within the UAE).
3. My health information that will be shared through NABIDH will include health information from both, before and after today's date.
4. My health information that will be shared through NABIDH includes information about my diagnoses, test results (x-rays or laboratory), and medications that have been prescribed to me.
5. Healthcare providers who receive health information about me through NABIDH may copy or include my health information into their medical records when caring for me.
6. If I cancel this consent, such cancellation will not affect the health information to those providers already accessed and copied.
7. I understand that this consent will remain in effect until I cancel (i.e. opt-out of) it.
8. I understand that my refusal to sign this Consent will not prevent me from receiving care from healthcare providers or another Participant.
9. I understand that in almost all cases I have the right to inspect or copy the specific health information I have authorised to be disclosed by this Consent form.

10. I understand that I have the right to cancel this consent by completing and submitting the “NABIDH Health Information Exchange Opt-Out Request Form” to my healthcare provider.
11. It may take between 2 – 5 business days after receipt to process my consent and for NABIDH to make my information available for sharing through NABIDH.
12. The information related to the NABIDH Consent Form has been interpreted in a language that is understood by me.
13. I have a right to ask for a copy of this form after I sign it.

I also agree that NABIDH users can access my sensitive health information that includes:

1. Chemical dependency
2. Human immunodeficiency virus (HIV), also known as Acquired Immune Deficiency Syndrome (AIDS)/HIV/AIDS status
3. Mental health conditions
4. Behavioural health information
5. Psychotherapy notes
6. Alcohol and substance abuse
7. Reproductive health
8. Genetic testing information
9. Sexual health (including sexually transmitted diseases)
10. Child pregnancy data
11. Child abuse conditions

نموذج الموافقة على التسجيل / الإشتراك / Consent Form to Register / Opt-In

Patient First Name * اسم المريض *		Primary Phone Number * رقم الهاتف الرئيسي *	
Middle Name اسم الأب		Secondary Phone Number رقم هاتف ثانوي	
Last Name * اسم العائلة *		Email البريد الالكتروني	
National ID Number * رقم هوية الإمارات *		Address * العنوان *	
Date of Birth * تاريخ الميلاد *		City * المدينة *	
Gender (M/F) الجنس (ذكر/أنثى)		P.O. Box صندوق البريد	

إذا كان عمرك أقل من 18 عاماً ، فيجب توقيع ولي الأمر أو الوصي **If under 18 years, signature of Parent or Guardian**

Legal Representative Name * اسم الوكيل القانوني *	
Legal Representative Relationship to Patient * علاقة الوكيل القانوني بالمريض *	
Legal Representative Phone Number * رقم هاتف الوكيل القانوني *	

* Required Information معلومات يجب تعبئتها *

Signature of Patient (or Legal Representative)

توقيع المريض (أو الوكيل القانوني)

Date Signed تاريخ التوقيع

يرجى تعبئة هذا النموذج ثم إعادته إلى مقدم خدمات الرعاية الصحية **Please fill out and return this form to the healthcare provider**

To read the detailed NABIDH terms and conditions,
please visit [NABIDH.ae/terms-policy](https://nabidh.ae/terms-policy)

لقراءة الأحكام والشروط المتعلقة بمنصة نايذ بالتفصيل،
تفضل بزيارة [NABIDH.ae/terms-policy](https://nabidh.ae/terms-policy)



اتصل بنا Contact Us



800 DHA (800 342)



info@dha.gov.ae



<https://nabidh.ae>