

**Table of Contents**

Introduction……………………………………………………………………………………………….3

Template Article for Patient/Consumer Publications………………………………………………....5

Template Article for Hospital/Medical Center Publications…………………………………………..7

Template E-mail to Send to Friends and Family……………………………………………………...9

Social Media Directions and Sample Posts…………………………………………………………..10

Tips for Working with the Media……………………………………………………………………….14

Template Press Release……………………………………………………………………………….17

Graphics for Social Media Profiles…………………………………………………………………….19

Representing more than 103,000 specially educated health information management (HIM) professionals in the United States and around the world, the American Health Information Management Association (AHIMA) is committed to promoting and advocating for high quality research, best practices, and effective standards in health information and to actively contribute to the development and advancement of health information professionals worldwide. AHIMA’s enduring goal is quality healthcare through quality information.

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**Introduction**

**SUPPORT AHIMA’S PETITION: LET’S TALK ABOUT A PATIENT SAFETY IDENTIFIER**

**Use this Toolkit for AHIMA Members, Student Members and Component State Associations (CSA) to spread the word**

AHIMA believes a voluntary Patient Safety Identifier – created and controlled by patients – is key to correctly identifying patients and matching their records across health systems. Unfortunately, the federal government is prohibited from discussing any patient identifier solutions. AHIMA is confident the technology exists to solve this problem but it will require public-private collaboration and open discussion.

That’s why we’ve launched an online petition [<http://www.ahima.org/myhealthID>] asking our leaders to participate in solving this critical issue. We want to make healthcare safer, more efficient, and more effective for all patients.

Our goal is to collect 100,000 signatures in 30 days on the White House’s “We the People” website. The campaign begins March 20 and will run through April 19. We need 100,000 signatures to guarantee a written response to our petition.

Please join us as ambassadors for this campaign. To assist you, AHIMA has developed this toolkit with the resources you need to get the word out about the petition and educate people about the importance of a Patient Safety Identifier. In this kit you will find:

* Directions and ideas on how you can promote the campaign
* A template article for your hospital/medical center newsletters
* Template e-mail to send to co-workers, friends and family with a link to the petition
* Template news release to share with your local media
* Sample Facebook posts and Tweets for your personal pages
* Button/art content for social media profiles

Please join us in making our voices heard on this important issue. The support kit provides instructions so that you can:

**Connect with your community.** Make these 30 days an occasion to gather friends, family members, colleagues, patient advocates and others from the community in “lunch and learns,” networking events, health fairs, and other functions to raise awareness of the issue. A template article and e-mail asking for support has been included.

**Contact your local media.** Increase awareness of the importance of a voluntary patient safety identifier by conducting outreach, sending materials and offering interviews with local media, using sample materials and talking points.

**Spread the word online.** Use the #MyHealthID hashtag and AHIMA’s social media messages to sound off this month about the importance of accurate patient identification.

If you have any questions, please contact Pamela Lane, Vice President, Policy & Government Relations, at [pamela.lane@ahima.org](mailto:pamela.lane@ahima.org).



**Template Article for Patient/Consumer Publications**

**It’s YOUR Medical Record: Help Us Make Sure It’s Always about YOU**

**There’s only one YOU.**

But sometimes your name or some of your personal information is so similar to someone else’s that doctors’ offices or hospitals can have a hard time identifying you correctly. If you are mixed up with another patient in a medical record or all your medical records are not kept together, your doctor may not be able to share accurate information with other healthcare providers. This can be dangerous and costly when incorrect information leads to missed diagnoses, inappropriate treatments, or unnecessary tests.

More than 80 percent of doctors and 75 percent of hospitals now use electronic health records (EHRs) to improve the quality and effectiveness of healthcare. EHRs also make the exchange of medical information safer, more accurate, and more efficient. But as the use of these systems grows more common, so does a problem that affects the ability of EHRs to live up to their potential: There is no national patient identifier. Incorrect identification is a patient safety issue that too often results in increased risks and high costs and creates barriers to the movement of health information across the healthcare system.

According to a report [from the Office of the National Coordinator for Health IT (ONC)](https://www.healthit.gov/sites/default/files/patient_identification_matching_final_report.pdf), patient matching can be as high as 90 percent when used internally by organizations with sophisticated matching strategies. But accuracy plummets to 50-60 percent when data is exchanged with other organizations.

The challenge of accurate patient identification is illustrated by a study conducted by the Harris County Hospital District in Houston, which found that, among 3.5 million patients, there were nearly 70,000 instances where two or more patients shared the same last name, first name and date of birth. Among these were 2,488 different patients named Maria Garcia and 231 of those shared the same birth date.

That’s why health information management (HIM) professionals at [name of your organization] are supporting a petition that asks the Obama administration to join with the private sector to discuss a voluntary Patient Safety Identifier.

**We Need Your Signature**

The [American Health Information Management Association (AHIMA)](http://www.ahima.org) has started the online petition [<http://www.ahima.org/myhealthID>] asking the administration to allow conversations at the federal level about a voluntary, patient-controlled safety identifier. The petition [<http://www.ahima.org/myhealthID>] will be online from March 20 – April 19; 100,000 signatures are needed to ensure a written response from the administration.

Patients who choose a unique safety identifier would more quickly and accurately be matched with their health records, and doctors and hospitals would be better able to safely and efficiently exchange patient information. Currently, the Department of Health and Human Services (HHS) is prohibited by law from using its federal funds to discuss or pursue any efforts supporting patient identifiers.

AHIMA’s proposed strategy to address the problem includes:

* **A voluntary system** in which individual patients could choose if they wish to participate.
* **A system where consumers select their own identifier,** much as they do when they select usernames, passwords or e-mail addresses.
* **A unique identifier for each individual that can be used when provided by the patient** to access medical records.

**Why We Need a Public/Private Partnership**

“EHRs have become more prevalent and have reached a stage where the lack of a patient identification strategy has become a daunting challenge that threatens patient privacy and safety. AHIMA is confident the technology exists to solve this problem while ensuring that patient privacy is protected. But it will require public-private collaboration and open discussion,” said Lynne Thomas Gordon, MBA, RHIA, CAE, FACHE, FAHIMA, CEO of AHIMA.

“We encourage patients, healthcare professionals and the public to sign our online petition [<http://www.ahima.org/myhealthID>] to ask our leaders to take a look at the critical issue of patient matching. We want to make healthcare safer, more efficient and more effective for all patients. AHIMA believes a voluntary identifier -- created and controlled by patients – will do just that.”



**Template Article for Hospital/Medical Center Publications**

**SIGN OUR PETITION FOR A VOLUNTARY PATIENT SAFETY IDENTIFIER**

**There’s only one YOU.**

Sometimes your name or some of your personal information is so similar to someone else’s that doctors’ offices or hospitals can have a hard time identifying you correctly. If you are mixed up with another patient in a medical record or all your medical records are not kept together, your doctor may not be able to share accurate information with other healthcare providers. This can be dangerous and costly when incorrect information leads to missed diagnoses, inappropriate treatments, or unnecessary tests. You may have experienced this challenge with some of the patients you care for.

More than 80 percent of doctors and 75 percent of hospitals now use electronic health records (EHRs) to improve the quality and effectiveness of healthcare. EHRs also make the exchange of medical information safer, more accurate, and more efficient. But as the use of these systems grows more common, so does a problem that affects the ability of EHRs to live up to their potential: There is no national consensus on how to correctly identify each patient. Incorrect identification is a patient safety issue that too often results in increased risks and high costs, and creates barriers to the movement of health information across the healthcare system.

According to a report [from the Office of the National Coordinator for Health IT (ONC)](https://www.healthit.gov/sites/default/files/patient_identification_matching_final_report.pdf), patient matching can be as high as 90 percent when used internally by organizations with sophisticated matching strategies. But accuracy plummets to 50-60 percent when data is exchanged with other organizations.

That’s why health information management (HIM) professionals at [name of your organization] are supporting a petition that asks the Obama administration to join with the private sector to discuss a voluntary Patient Safety Identifier.

**We Need Your Signature**

The petition [<http://www.ahima.org/myhealthID>] will be online from March 20 – April 19; 100,000 signatures are needed to ensure a response from the administration.

The [American Health Information Management Association (AHIMA)](http://www.ahima.org) has started the online petition [<http://www.ahima.org/myhealthID>] asking the administration to allow conversations at the federal level about a voluntary, patient-controlled patient safety identifier. Patients who choose a unique identifier would more quickly and accurately be matched with their health records, and doctors and hospitals would be better able to safely and efficiently exchange patient information. Currently, the Department of Health and Human Services (HHS) is prohibited by law from using federal funds to find a solution to patient identification.

AHIMA’s proposed strategy to address the problem includes:

* **A voluntary system** in which individual patients could choose if they wish to participate.
* **A system where consumers select their own identifier,** much as they do when they select usernames, passwords or e-mail addresses.
* **A unique identifier for each individual that can be used when provided by the patient** to access medical records.

**Why We Need a Public/Private Partnership**

“EHRs have become more prevalent and have reached a stage where the lack of a patient identification strategy has become a daunting challenge that threatens patient privacy and safety. “AHIMA is confident the technology exists to solve this problem while ensuring that patient privacy is protected. But it will require public-private collaboration and open discussion,” said Lynne Thomas Gordon, MBA, RHIA, CAE, FACHE, FAHIMA, CEO of AHIMA.

“We encourage patients, healthcare professionals and the public to sign our online petition [<http://www.ahima.org/myhealthID>] to ask our leaders to take a look at the critical issue of patient matching. We want to make healthcare safer, more efficient and more effective for all patients. AHIMA believes a voluntary patient safety identifier -- created and controlled by patients – will do just that.”



**Template E-mail to Send to Friends and Family**

**PLEASE SIGN OUR PETITION FOR A VOLUNTARY PATIENT SAFETY IDENTIFIER**

There’s only one YOU.

But sometimes your name or some of your personal information is so similar to someone else’s that doctors’ offices or hospitals can have a hard time identifying you correctly. If patient medical records are incorrectly identified, your doctor may not be able to share accurate information with other healthcare providers. This can be dangerous and costly when incorrect information leads to missed diagnoses, inappropriate treatments or unnecessary tests.

That’s why I’m asking you to join me and other health information management (HIM) professionals in supporting a petition [<http://www.ahima.org/myhealthID>] that asks the Obama administration to allow government agencies to join with the private sector to discuss a patient safety identifier to ensure the accurate matching of patient information during the exchange of electronic health records (EHRs).

The effort is spearheaded by the [American Health Information Management Association (AHIMA)](http://www.ahima.org), which has started the online petition. [<http://www.ahima.org/myhealthID>] Patients who choose a unique, voluntary patient safety identifier would more quickly and accurately be matched with their health records, and doctors and hospitals would be better able to safely and efficiently exchange patient information. Currently, the Department of Health and Human Services (HHS) is prohibited by law from using federal funds to find a patient identification solution.

The petition [<http://www.ahima.org/myhealthID>] will be online from March 20 – April 19; 100,000 signatures are needed to ensure a response from the administration.

I hope you’ll consider signing and making patient safety a priority…because there IS only one YOU.



**Social Media Directions and Sample Posts**

**Social media and #MyHealthID**

You can tweet and post messages and photos about the patient identifier petition leading up to -and especially during - the 30-day signing period. Posting daily or even weekly will help spread the word about the importance of a voluntary Patient Safety Identifier.

Use the suggested tactics below on your social media platforms throughout the petition period. If you don’t use social media, follow our basic instructions for signing up.

**Facebook**

**Sample Messages**

To personally connect with your Facebook friends we suggest writing original content that focuses on your job and why you think this campaign is important. Here’s an example:

* Part of my job is making sure your doctor has the right information about you. But it’s a challenge. A patient safety identifier would help and a group I work with is petitioning for one. Find more info here about AHIMA’s #MyHealthID campaign: <http://www.ahima.org/myhealthID>

Other examples:

* The American Health Information Management Association (AHIMA)’s Patient Safety Identifier petition is your chance to alert policymakers, the media and the public that voluntary Patient Safety Identifiers, created by the patient, will help clarify and streamline information exchange between providers and aid in patient access to their own data. <http://www.ahima.org/myhealthID> #MyHealthID
* There’s only one you. But sometimes your name and or some of your personal information is so similar to someone else’s that your doctor’s office or hospital can mix up your medical record identifier. This can be dangerous and even deadly. Sign this petition to start a conversation about a Patient Safety Identifier: <http://www.ahima.org/myhealthID> #MyHealthID
* AHIMA, a national organization of health information management professionals, has started an online petition to the White House to encourage our leaders to discuss a system where patients can be quickly and accurately identified. This will make healthcare safer and more effective. After all, only you are you. <http://www.ahima.org/myhealthID> #MyHealthID

**Twitter**

**Sample Messages for the 30-Day Petition Period**

* There’s only one YOU! Sign @AHIMAResources' petition for a Patient Safety Identifier <http://www.ahima.org/myhealthID> #MyHealthID
* [#DidYouKnow](https://twitter.com/search?q=%23DidYouKnow) Over 80% of doctors use electronic health records? Learn more about [#MyHealthID](https://twitter.com/search?q=%23MyHealthID) and safety of records: <http://www.ahima.org/myhealthID>
* I support the creation of a patient safety identifier strategy. Join me and @AHIMAResources #MyHealthID <http://www.ahima.org/myhealthID>
* [@AHIMAResources](https://twitter.com/AHIMAResources) Patient ID Petition supports need for a patient safety matching strategy. Sign today: <http://www.ahima.org/myhealthID> [#MyHealthID](https://twitter.com/search?q=%23MyHealthID)

**Posts with Photos**

According to research on social media usage, Facebook posts with photos receive 120 percent more engagement (likes, comments and shares) than posts without images. During the petition period, post photos of yourself and your colleagues or photos from meetings that you have led at your institution, at a conference or with an elected official. You can also use the specially designed #MyHealthID social media graphics available for download [here](http://www.ahima.org/myhealthID). Make sure your post includes the hashtag #MyHealthID

**Don’t Know Where to Start?**

Use the following guide to get up and running on social media before the campaign goes live.

**Facebook Basics**

**First steps:**

* Set up an account at [www.facebook.com](file:///C:\Users\t.hill\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\V44Z2GRR\www.facebook.com).
* Set your privacy settings.
* Find Friends.
* Edit your profile.
* Add a profile picture.
* Add a cover photo for the top of your page.
* Publish your first post to get your profile started.

**Tagging:**

If you want to tag someone in a post, use the @ symbol plus his or her name on Facebook. The name will populate from a drop-down menu, e.g., @AHIMA is petitioning for a national conversation on a patient safety identifier #MyHealthID

You can also tag people directly from photos by clicking on the photo and then “tag photo.”

**Hashtags:**

If you want people to find your posts when they are using the search function, create a hashtag using the # symbol plus a keyword. For this campaign, please use the hashtag #MyHealthID.

**Who to Like:**

There are millions of pages to “like” on Facebook. Search for organizations of interest to you, and look for groups related to healthcare and patient safety. And be sure to like [the American Health Information Management Association (AHIMA)](https://www.facebook.com/American-Health-Information-Management-Association-AHIMA-66418179000/).

**Twitter Basics**

**First steps:**

* Set up an account at [www.twitter.com](http://www.twitter.com/)
* Choose a username.
* Add a short bio.
* Add a photo of yourself.
* Add a cover photo for the top of your Twitter page.
* Send out your first tweet to establish a presence.
* Start following organizations/individuals.

**#1 Rule of Twitter:**

All tweets must be less than 140 characters. If you include a photo, the tweet must be less than 117 characters.

**Replies:**

Use the Reply arrow located to the right of any tweet. This will bring up the @ symbol, plus the writer’s username, in your Tweet Box. Use this space to reply directly to what was said. This connects your response to the tweet and lets the writer and all followers know exactly to what you are responding.

**Mentions:**

If you want to mention someone, talk about someone or tweet to someone, use the @ symbol plus their username, e.g., @AHIMAResources is petitioning for a patient safety identification strategy beginning March 20. #MyHealthID

**Hashtags:**

If you want people to find your tweets when they are using the search function, create a hashtag using the # symbol plus a keyword. For this petition, please use the hashtag #MyHealthID.

**Who to Follow:**

There are millions of accounts to follow on Twitter. We suggest you follow the individuals and organizations related to health information and broaden your search to influencers and groups related to healthcare and policy.

**Retweets:**



When you see someone else talking about the #MyHealthID campaign, retweet their comment to amplify the message. Check the AHIMA Twitter page for great content to retweet by simply hovering your mouse over the tweet you’d like to re-post and then clicking the icon that looks like two arrows circling one another. This way, AHIMA’s messages and others from campaign supporters can be shared with your followers.

**Spread the Word Online**

To spread the word online, post the patient identifier petition banner on your website or suggest it to your CSA webmaster. This banner showcases your advocacy for the issue and leads your visitors to the petition web page. You may download the patient identifier petition web banner and send it to your webmaster or public relations staff. You may also follow our basic instructions for posting the banner on a WordPress website.

**WordPress**

* To add the banner into a post, open the text mode of the WordPress editor and paste the banner code in it. You also can use the WordPress WYSIWYG editor to reposition or align the banner.
* To add the banner to the header or footer of your site, log in to your WordPress administrator page. Click “Appearance,” and then “Editor.” Select “header.php,” and find the opening of the body tag. In a default WordPress theme, it looks like this:

<body <?php body\_class(); ?>>

Add this code after the body tag:

<div class="headerbanner"><a href="**http://www.asahq.org/WhenSecondsCount/stories.asp**" target="\_blank"><img src="**LINKTOIMAGE**" width="720" height="300" /></a></div>

* You may also use plug-ins to show banners on your page. Select and download a plug-in from the WordPress Plugin Directory: [www.wordpress.org/plugins/search.php?q=banner](http://www.wordpress.org/plugins/search.php?q=banner)

**Tips for Working with the Media**

Working with print, broadcast, and online media in your community is an effective way to reach a large audience with messages about AHIMA’s petition and the importance of correctly matching patients with their electronic health records. Here are some tips for contacting journalists in your community and working with reporters, editors, and producers once you get their attention.

**When to Contact the Media**

The goal of your media outreach is to garner attention during the 30 days between March 20 and April 19, when the AHIMA petition is online. You’ll want to give reporters time to consider your story idea and prepare coverage, so outreach should start on or before March 1. If you’d like to send a letter-to-the-editor to a local newspaper about the petition, send it by March 1 to allow ample time for consideration.

**How to Contact the Media**

Often the simplest and most effective way to contact media representatives is to pick up the phone and call. However, even if you do call, most contacts will ask that you send additional information by e-mail.

Calling the media**:** It’s important to be prepared with a brief, compelling “pitch” explaining your news in less than 30 seconds, or about 100 words.

For example, a phone pitch for the AHIMA petition might look like this:

Hello, my name is **(STATE YOUR NAME)**. I’m a health information professional at **(NAME OF YOUR ORGANIZATION or IN YOUR TOWN)**. Patient safety always is top priority and I’d love the chance to tell your **(READERS/LISTENERS/VIEWERS)** about an important step they can take to ensure that their electronic health record is not mistakenly confused with the record of another patient. On March 20, we’re submitting a petition asking government officials to begin a conversation about a strategy to solve the problem of patient mismatching. This happens all too often when electronic health records are shared among different healthcare organizations. **[GIVE YOUR CONTACT INFORMATION]**

E-mailing the media: After making the call, you may need to follow up with additional information. There are certain types of materials media representatives find useful:

**News release.** As the name suggests, a news release should announce news. The AHIMA petition will be news during the 30 days it is online from March 20 – April 19.

**Pitch letter.** These letters are often e-mails that are used to interest a reporter in a doing a story. Pitch letters may be e-mailed if a reporter can’t be reached by phone, or as a follow-up to emphasize the main points of the pitch in writing.

Media materials, including a template news release and a template pitch letter, are included in this toolkit.

**General Interview Tips**

If you are asked to do an interview, here are some tips to guide you through the process.

**THE MOST IMPORTANT THING YOU CAN DO: Select your primary messages.** Have one to three main points that you want the audience to remember. Write them down. These are your talking points.

**Emphasize your messages.** Reporters and consumers won't know what's important unless you tell them *“This is very important.” “Let me emphasize this point.” “If there’s one thing people should remember it is…”.* The more often you make your point, the better it will be remembered.

**Think: What are the questions likely to be asked?** Reporters will generally start by asking, "What is this all about?" and then want to know why their audience should care. Be prepared to answer the WHO, WHAT, WHERE, WHEN, WHY and HOW of a subject. To get an idea of what a reporter will ask, discuss your topic with a friend or neighbor who doesn’t know much about the subject.

**Be brief and use simple language instead of jargon or big words.** Don't try to educate. There isn't time in most media stories, so keep it simple and concise. Talk on a middle-grammar school level.

**Treat the interview like a living room conversation.** Be yourself. Be personable. Smile. Interrupt. Tell stories. Do all the things you would do if you were conversing with a friend.

**Remember, there is no such thing as “off the record.”** Do not say anything you do not want to see in print, online or hear on the air. Period.

**Watch how you say it.** Reporters look for colorful, interesting language, so if you are glib, silly, outrageous, surprising, etc., you can expect that comment to be used. You also can work this to your advantage but need to be careful so that your message is still conveyed appropriately and you are not taken out of context.

**You have more control over the interview than you think.** How you answer each question can direct the conversation. If you don’t know the answer to a question, simply say, “I don’t have the answer, but what I do know is this…” and bridge back to your main message. Also if you don’t have the answer, let the reporter know you will look into it and get back with the answer.

**Choosing Contacts**

Develop an appropriate media contact list including reporters, editors and broadcast producers that you plan to contact about your story idea. To develop your media list, first use the Internet to identify local:

* Daily newspapers
* Weekly community newspapers
* Television stations, including specific news, talk and community affairs programs
* Radio stations, including specific news, talk and community affairs programs
* Online publications that cover consumer health issues

Next, call each of the media outlets on your list to obtain the names of the news editor, medical or health reporter, feature reporter, public service director, program hosts and any others who might be interested in stories about patient safety and/or electronic health records.

You also can reach out to the online editors of local newspapers, television and radio stations. Media outlets usually have staff dedicated to preparing information and stories for their websites or blogs, so be sure to include them as contacts.

**Building Media Relationships**

Here are some things you can do to establish a good working relationship with the media:

* Provide information in a timely fashion.
* Read their articles and watch their segments so you can mention something you liked when you talk with them.
* Send an e-mail, write a letter or submit a blog entry about a story they published/aired.
* If they report on your story, send a hand-written thank-you note.

**Template Press Release**

**For more information, please contact:**[Name/Title

Phone number

E-mail]

**Health Information Experts Petition Obama: Let’s Talk about a**

**Voluntary Patient Safety Identifier**

***Adding One Can Improve Healthcare Safety, Reduce Costs***

[City, state] March xx, 2016 – Health information management professionals at [name of your organization] are supporting a petition that asks the Obama administration to allow government agencies to join with the private sector to discuss a strategy to ensure that patients are correctly identified during the exchange of electronic health records (EHRs).

The effort is spearheaded by the [American Health Information Management Association (AHIMA)](http://www.ahima.org), which has started an online petition [http://www.ahima.org/myhealthID] asking the administration to allow private/public conversations about a voluntary, patient-controlled Patient Safety Identifier . Patients who choose a unique identifier would more quickly and accurately be matched with their health records, and doctors and hospitals would be better able to safely and efficiently exchange patient information. Currently, the Department of Health and Human Services (HHS) is prohibited by law from using federal funds to address patient identifiers.

The petition [http://www.ahima.org/myhealthID] will be online from March 20 – April 19; 100,000 signatures are needed to ensure a response from the administration.

“There’s only one ‘you.’ But sometimes your name or some of your personal information is so similar to someone else’s that doctors’ offices or hospitals can have a hard time identifying you correctly,” [he/she] said. “If you are mixed up with another patient in the medical record or your medical record is not kept together, your doctor may not be able to share accurate information with other healthcare providers. This can be dangerous and costly when incorrect information leads to missed diagnoses, inappropriate treatments or unnecessary tests.”

“Incorrect identification of patients is a patient safety issue that too often results in increased risks and high costs, and creates barriers to the movement of health information across the healthcare system,” [he/she] said.

According to a report [from the Office of the National Coordinator for Health IT (ONC)](https://www.healthit.gov/sites/default/files/patient_identification_matching_final_report.pdf), patient matching can be as high as 90 percent when used internally by organizations with sophisticated matching strategies, but accuracy plummets to 50-60 percent when data is exchanged with other organizations. Another study found that, among 3.5 million patients in one health system, there were nearly 70,000 instances where two or more patients shared the same last name, first name and date of birth.

AHIMA’s proposed strategy to fix these problems includes:

* **A voluntary system** in which individual patients could choose to participate.
* **A system where consumers create their own identifier,** much as they do when they select usernames, passwords or e-mail addresses.
* **A unique identifier for each individual that can be used, when provided by the patient** to access medical records.

“As health information exchange becomes more prevalent, the lack of a patient matching strategy has become a daunting challenge that threatens patient privacy and safety,” said Lynne Thomas Gordon, MBA, RHIA, CAE, FACHE, FAHIMA, CEO of AHIMA. “AHIMA is confident the technology exists to solve this problem while ensuring that patient privacy is protected. But it will require public-private collaboration and open discussion.”

“We encourage patients, healthcare professionals and the public to sign our online petition [http://www.ahima.org/myhealthID] to ask our leaders to take a look at the critical issue of patient identification. We want to make healthcare safer, more efficient and more effective for all patients. AHIMA believes a voluntary patient safety identifier -- created and controlled by patients – will do just that.”

**###**

**[Local Organization Boilerplate]**

**About AHIMA**

The American Health Information Management Association (AHIMA) represents more than 103,000 health information professionals in the United States and around the world. AHIMA is committed to promoting and advocating for high quality research, best practices and effective standards in health information and to actively contributing to the development and advancement of health information professionals worldwide. AHIMA’s enduring goal is quality healthcare through quality information. [**www.ahima.org**](http://www.ahima.org)

**Graphics for Social Media Profiles**

Graphics for use on social media and websites are available for download at [www.ahima.org](http://www.ahima.org) and on Engage.