

Health Information Exchange Patient Opt-Out Form

PATIENT NAME: _____

DATE OF BIRTH: _____

AH MEDICAL RECORD #: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE #: _____

Adventist Health Health Information Exchange Patient Opt-Out Information

This form is to be used by patients who do not wish to participate in Adventist Health’s (AH) national and regional Health Information Exchanges, or if a patient wishes to rescind a previous decision to opt out. Please read the following information carefully before submitting your opt out form.

What is a Health Information Exchange or HIE?

A Health Information Exchange, or HIE, is a way of sharing your health information among participating providers through secure, electronic means. The purpose of sharing information through HIE is so that each of your participating caregivers can have the benefit of the most recent information available from your other participating caregivers when taking care of you. Having timely access to a more complete and accurate health record will help your caregivers work together more easily, make better decisions about your care, eliminate redundant forms, and reduce mistakes, especially in an emergency.

What is in my HIE patient record?

Your HIE patient record will include your medications, allergies, current and past test results, and summaries of your current and past health problems. It will not include psychotherapy and sensitive noted or other information that requires your specific authorization to release under federal law.

Who can see my records?

Participating outside hospitals, doctor’s offices, other care settings as well as public health authorities, other health plans, and HIE participants have the ability to access your records for the purposes of treatment, payment, or healthcare operations.

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How is my health information protected?

Adventist Health is committed to keeping your information safe, private, and secure. Clear and strict Federal and State guidelines govern how your health information can be exchanged, viewed or used. Information that identifies you will not be sold or made available for other purposes. Only those that care for you will be able to view your health information, and only when needed to provide or coordinate your care, make referrals, submit mandatory public health reports (such as your vaccination history), or to provide health care benefits to you.

What can HIE do for me?

If you see multiple doctors who participate in one of Adventist Health's HIEs, they may see a more complete picture of your health and make more informed decisions about your treatment. The goal is for you to receive coordinated care more efficiently. Your health care information is available to participating health care providers where and when they need it without delay.

Are there risks of opting out?

Yes. The goal of Adventist Health is to provide your caregivers outside of Adventist Health secure access to the best available information about your health. By opting out of HIE, your caregivers outside of Adventist Health may have less information about you when making a diagnosis or when making decisions with you about your care.

I don't want to participate. How can I opt out?

Your health information will be visible to your caregivers through HIE unless you opt out using this form. For questions, please contact your local Facility Privacy Officer or the Adventist Health Compliance Hotline at 888.366.3833. Please allow approximately five (5) business days to process your request. Requests will not apply to any information sent through the HIE before that date.

Your choice to opt out of the HIE will not affect your ability to access medical care. Opting out will not prevent your caregivers from sharing your health information with authorized entities when necessary for public health or research purposes that are permitted or required by Adventist Health, as well as federal and state law. In cases of medical emergency, your doctor may request to view your health record to diagnose or treat your emergency medical condition and Adventist Health will make your records available under such circumstances.

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You will be automatically opt-in to HIE unless you sign and return this form.

Opt-Out – Adventist Health may not share my health information through Adventist Health participating HIEs*

Cancel Opt-Out – I request to cancel my previous decision to opt out. By completing and signing this form, I am allowing my health information to be accessible to my health care providers through HIE, as permitted or required by Adventist Health or Federal / State law.

_____		_____	
Print Name		Patient / Legal Representative Signature *	
_____		_____	
Date		AM / PM	Relationship to Patient
_____	_____	_____	_____

**By signing as a legal representative, I am certifying that I am legally authorized to act on behalf of the patient*

Once this form is complete, please return to:

Virtual Care Coordination Center at: Fax number: 661-637-8890

OR

Email to: Telehealthcarecenter@ah.org

If you believe your privacy rights have been violated, you may file a complaint with Adventist Health or with the Secretary of the Department of Health and Human Services, Office of Civil Rights. To file a complaint with Adventist Health, contact the Compliance Hotline: (888) 366-3833. You may also submit your complaint in writing and deliver to: Adventist Health Compliance Department, 2100 Douglas Blvd., Roseville, CA 95661. **You will not be penalized for filing a complaint.**

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[Patient Label]