

HIE Opt-Out Form

This form is to be used by patients who **do not** wish to participate in the Health Information Exchange (HIE)

Providence St. Joseph Health's Health Information Exchange ("PSJH HIE") allows you to permit your health information to be shared by participating medical groups, hospitals, labs, radiology centers, and other health care providers through secure, electronic means. The purpose of the PSJH HIE is to give each of your participating providers the benefit of having access to all of your health information that is maintained by the participating providers when providing healthcare to you.

Your participation in the HIE is voluntary and subject to your right to opt-out. Your receipt of treatment or health plan coverage for treatment will not be conditioned on whether or not you choose to exercise this right.

Unless you opt-out, any authorized healthcare provider who participates in the PSJH HIE, or is a member of a health information exchange that is connected to the PSJH HIE, can electronically access and share your health information through the SJH HIE as set forth below.

- The health information that will be shared through the PSJH HIE will include health information from both before and after today's date and may include information related to treatment you received from any provider who is connected, either directly or indirectly, to the PSJH HIE, including out-of-state providers.
- The health information that will be shared through the PSJH HIE includes information about your diagnoses, test results (like x-rays or laboratory), and medications that have been prescribed to you. Such information may also include health information that may be considered particularly sensitive to you, including: mental health information; HIV/AIDS information and test results; genetic information and test results; STD treatment and test results, and family planning information.
- The health information that is made available to the PSJH HIE may be used by PSJH HIE participants for treatment purposes. The PSJH HIE may further use your health information and make it available to other health information exchanges and their participants, for treatment, payment, and health care operations activities; however, such disclosures by the PSJH HIE to another health information exchange will only be permitted in accordance with applicable law and information that is disclosed will not include HIV test results, mental/behavioral health records, and genetic/hereditary test results.

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

1. I am requesting that none of my health information be shared through the PSJH HIE. This will include in emergency care situations. If I previously consented to allow my health information to be shared through the PSJH HIE by signing an Opt-In Consent form in Texas, my signing this Opt-Out form will revoke that consent and no information from the Texas providers will be included in the PSJH HIE.
2. Even if I Opt-Out by signing this form, information related to care that I have received at a Providence St. Joseph Health, Covenant Health System, or Hoag Hospital facility will remain accessible through the PSJH HIE for treatment purposes to all participating providers who provide me



with care; however, such information will not otherwise be disclosed by the PSJH HIE and no health information from my other providers will be accessible through the PSJH HIE. I understand that depending on the technical capabilities of my health care providers, even if I sign this form, my health information may still be disclosed by my provider to the PSJH HIE, but the PSJH HIE will not permit such health information to be viewed, except as described above related to hospital health information.

3. This Opt-Out request only applies to the sharing of health information through the PSJH HIE, and my health care providers may have access to my health information using other methods, such as by fax, telephone, email, or mail.

4. I may choose to opt back into the PSJH HIE at any time so that my health information may be shared through the PSJH HIE. To opt back into the PSJH HIE, I must submit a completed "Providence St. Joseph Health's Health Information Exchange Revocation of Opt-Out Request Form" to Providence St. Joseph Health Information Exchange Department at the address provided at the bottom of this form.

5. I understand that any information that was shared through the PSJH HIE before the date this form is processed may remain with the providers who accessed such information.

6. It may take between **2 - 5 business days after receipt** to process this Opt-out form and to prevent the sharing of my health information through the PSJH HIE.

Please select one*: **I am the Patient** **I am the Legal Representative of the Patient**

Patient's Name: Last *	First*	Middle Initial
Previous Name or Nicknames:	Patient's Date of Birth:*	Primary Phone Number: *
Email:	Sex (M/F):	Secondary Phone Number:
Postal Address:*	City:*	State:* Zip:*

*required information

Signature of Patient (or Legal Representative)

Date Signed

If under 18 years, signature of Parent or Guardian

 Legal Representative Name*

 Legal Representative Relationship to Patient*

 Legal Representative Phone

Mail:
 PSJH Health Information Exchange (HIE) Division
 c/o: Director of Health Information Exchange (HIE)
 1515 E Orangewood Ave, Anaheim, CA 92805

Contact Us:
Tel: (833) 990-1900 or (714) 937 -6249
Fax: (714) 935-1408
Email: HIEConsent@stjoe.org
WEBSITE: www.stjhs.org/hie