



Clinical Data Exchange Services Opt-Out Form

This form is to be used by patients who **do not** wish to participate in the Clinical Data Exchange

Providence St. Joseph Health's Clinical Data Exchange ("PSJH Clinical Data Exchange") services allow 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 PSJH Clinical Data Exchange 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 Clinical Data Exchange 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 PSJH Clinical Data Exchange, or is a member of a health information exchange that is connected to a PSJH Clinical Data Exchange service, can electronically access and share your health information through PSJH Clinical Data Exchange as set forth below.

- The health information that will be shared through PSJH Clinical Data Exchange 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 a PSJH Clinical Data Exchange service, including out-of-state providers.
- The health information that will be shared through PSJH Clinical Data Exchange 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 for PSJH Clinical Data Exchange may be used by PSJH Clinical Data Exchange participants for treatment purposes. PSJH Clinical Data Exchange services 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 a PSJH Clinical Data Exchange service 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:

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1. I am requesting that none of my health information be shared through PSJH Clinical Data Exchange services. This will include in emergency care situations. If I previously consented to allow my health information to be shared through PSJH Clinical Data Exchange services, my signing this Opt-Out form will revoke that consent.
 2. Even if I Opt-Out by signing this form, information related to care that I have received at any Providence St. Joseph Health facility will remain accessible through PSJH Clinical Data Exchange services for treatment purposes to participating providers who provide me with care; however, such information will not otherwise be disclosed through PSJH Clinical Data Exchange and no health information from my other providers will be accessible through PSJH Clinical Data Exchange. 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 a PSJH Clinical Data Exchange service, but the PSJH Clinical Data Exchange service 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 PSJH Clinical Data Exchange, 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 PSJH Clinical Data Exchange at any time so that my health information may be shared through PSJH Clinical Data Exchange. To opt back into PSJH Clinical Data Exchange, I must submit a completed **Revocation of Clinical Data Exchange Services Opt-Out Request Form** to the 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 PSJH Clinical Data Exchange 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 PSJH Clinical Data Exchange services.

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 Clinical Data Exchange
 3345 Michelson Dr, Suite 100
 Irvine, CA 92612

Contact Us:
Tel: (833) 990-1900 or (714) 937 - 6249
Fax: (844) 983-0648 or (714) 935-1408
Email: DataExchange@stjoe.org
WEBSITE: www.ProvShare.org