



Request for Health Information Exchange Patient Opt-Out Form

Patient Name: _____ DOB: _____ MRN: _____

Patient Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number _____ Email (optional): _____

Marshall Medical Center Health Information Exchange Patient Opt-Out Info

Marshall Medical Center's electronic health record system is hosted by UC Davis Health System (UCDHS). UCDHS & Marshall Medical Center participate in a national Health Information Exchange (HIE) known as Epic CareEverywhere and Epic Physician Connect. This form is to be used by patients who do not wish to participate in the national HIE, 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 HIE?

HIE is a way of sharing your health information among participating doctors' offices, hospitals, labs, radiology centers, and other health care providers through secure, electronic means. The purpose 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.

What is in my HIE patient record?

Your HIE patient record will include information such as your medications, allergies, current and past test results, and summaries of your past, current and future health problems. It will not include psychotherapy notes which require your specific authorization to release under federal law. 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 may reduce mistakes, especially in an emergency.

Who can see my records?

All health care providers, their associated staff, and other parties who are specifically given rights to the HIE network can access your records through the HIE. For example, if one of your providers participates in the HIE, he or she can access your health information maintained by your other providers who also participate in the HIE.

How is my health information protected?

Marshall Medical Center is committed to keeping your records 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 provide or coordinate care or health care benefits for you will be able to view your health information through the HIE network.

What can the HIE do for me?

If you see multiple doctors who participate in HIE, they may see a more complete picture of your health, and make more informed treatment decisions. The goal is for you to receive coordinated care more efficiently without delay.

Are there risks to opting out?

Yes. The goal of the HIE is to provide your caregivers outside of Marshall Medical Center secure access to the best available information about your health. By opting out of the HIE, your caregivers outside of Marshall Medical Center 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?

Return this form to Marshall Medical Center Health Information Management Department by faxing (530) 621-2165 or emailing HIM@marshallmedical.org. Please allow up to two business days upon our receipt to process your request. If you have any questions, contact (530) 626-2620.

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 Marshall Medical Center as well as federal and state law. In case of medical emergency, your doctor may request to view your health record to diagnose or treat your emergency medical condition and the HIE will make your records available under such circumstances.

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

Opt-Out - Marshall Medical Center may not share my health information through the HIE.

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 the HIE, as permitted or required by Marshall Medical Center or Federal / State law.

If you believe your privacy rights have been violated, you may file a complaint with Marshall Medical Center or with the Secretary of the Department of Health and Human Services, Office of Civil Rights. To file a complaint with Marshall Medical Center, contact the Compliance Hotline: (530) 626-2800. You may also submit your complaint in writing and deliver to: Marshall Medical Center, Compliance Department, 1100 Marshall Way, Placerville, CA 956567. You will not be penalized for filing a complaint.

Print Name

Date

Patient / Patient Representative Signature

Relationship to Patient