

UNIT NUMBER

PT. NAME

BIRTHDATE:

DATE OF SERVICE:

**UCSF HEALTH INFORMATION EXCHANGE PATIENT OPT-OUT FORM**

**UCSF Health Information Exchange Patient Opt-Out Info**

This form is to be used by patients who do not wish to participate in UCSF Health's national Health Information Exchange (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 UCSF HIE?**

A Health Information Exchange, or 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 UCSF HIE patient record?**

Your UCSF HIE patient record will include your medications, allergies, current and past test results, and summaries of your past and current health problems. It will not include psychotherapy and sensitive notes or other information that requires 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 reduce mistakes, especially in an emergency.

**Who can see my records?**

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

**How is my health information protected?**

UCSF Health 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 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 UCSF HIE do for me?**

If you see multiple doctors who participate in UCSF 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. Your health care information is available to participating health care providers where and when they need it without delay.

**Are there risks to opting out?**

Yes. The goal of UCSF HIE is to provide your caregivers outside UCSF secure access to the best available information about your health. By opting out of health information exchange, your caregivers outside UCSF may have less information about you when making a diagnosis for you, 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 UCSF HIE unless you opt-out using this form or by contacting UCSF at (415) 353-2221. Please allow up to two business days for processing your opt out request.

Your choice to opt-out of the Health Information Exchange 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 UCSF 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 UCSF HIE will make your records available under such circumstances.

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**Opt-Out** – UCSF may not share my health information through the UCSF HIE.

*\*Please note that UCSF HIE is subject to HIPAA and California laws pertaining to the disclosure of certain health information, such as reporting public health threats. In cases of medical emergency, a doctor may request to view health information to diagnose or treat a patient.*

**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 UCSF HIE, as permitted or required by UCSF or Federal / State law.

**All fields must be filled out in order for UCSF Health to process your opt-out request.**

\_\_\_\_\_  
First Name, Middle Initial, Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date of Birth (MM/DD/YY) Gender (M or F) Last 4 Digits of Social Security Number

\_\_\_\_\_  
Patient Signature or Legal Representative\*

\_\_\_\_\_  
Date (MM/DD/YY)

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