



HEALTH INFORMATION EXCHANGE PATIENT OPT-OUT/OPT-IN INFORMATION

This form is to be used by patients who do not wish to participate in Barton Health's national and regional 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 form.

What is Health Information Exchange or HIE?

A Health Information Exchange, or HIE, is a way of sharing your health information among participating in 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 from the most recent information available from your other participating caregivers when taking care of you.

What is Barton Health's HIE patient record?

Your Barton Health 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 treat you and their associated staff who are specifically given rights to the HIE network can access your records through Barton Health's HIE. For example, if one of your providers participates in Barton Health's HIE, he or she can access your health information maintained by your other providers who also participate in Barton Health HIE.

How is my health information protected?

Barton 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 Barton’s 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. Your health care information is available to help health care providers where and when they need it without delay.

I do not want to participate. How can I opt out?

Your health information will be visible to your caregivers through Barton Health HIE unless you opt out using this form or by contacting Barton Health Privacy office at: 530-543-5975 or you may email this form to: privacy@bartonhealth.org. Please allow up to five (5) business days to process 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 Barton 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 BMH HIE will make your records available under such circumstances. Information that has already been released pursuant to previous authorization or other HIE will not be affected by the opt-out request.

HEALTH INFORMATION EXCHANGE PATIENT OPT-OUT/OPT-IN FORM

- Opt-Out** – Barton Health may not share my health information through the HIE
 - Please note that Barton Health 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.
 - I understand that the information that has already been released pursuant to a previous authorization or other HIE will not be affected by the opt-out request.
- Cancel (Rescind) Opt-Out (Opt back in)**
 - 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 Barton Health HIE, as permitted or required by Barton Health or Federal / State law.

Send the completed and signed form to:

- privacy@bartonhealth.org
- Barton Health Medical Records
2170 South Ave.
South Lake Tahoe, CA 96150

All fields must be filled out in order to process your opt-out request.

Patient Legal Name: _____

Date of Birth (MM/DD/YYYY): _____

Mailing Address: _____

City: _____ State: ____ Zip: _____

Physical Address: _____

City: _____ State: ____ Zip: _____

Phone Number: _____ Home Mobile Work

Email Address: _____

Patient, Guardian or Responsible Party Signature: _____

Printed Name: _____ Relationship: _____

Date (MM/DD/YYYY): _____ Time: _____

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