

HEALTH INFORMATION EXCHANGE - OPT OUT REQUEST FORM

Health Information Exchange (HIE) is the sharing of health information electronically among health care organizations. The Ventura County Health Care Agency, (VCHCA) participates in an HIE network. As part of that network, VCHCA may share your health information electronically with other health care agencies, healthcare providers, and health plans, **unless you opt out.**

The purpose of the HIE is to provide each of your participating providers with your most up-to-date information, to allow for better coordination of care and assist providers in making informed decisions. For example, if you go to a hospital emergency room that participates in the same HIE network as VCHCA, the emergency room physicians would be able to access your VCHCA health information to help make treatment decisions for you. Health information about you may be shared through the HIE for treatment, payment, and health care operation purposes. HIE participants are required to meet rules that protect the privacy and security of your health and personal information.

You can choose not to have your information shared through this HIE network ("opt out") at any time. Your choice to opt out of the HIE will not affect your ability to access medical care.

If you do not want VCHCA to share your health information through an HIE network, please complete this form and return it to the address below. By completing this form, you request and understand that:

- VCHCA will not share your health information electronically through an HIE with any other outside provider or organization, except that opting out will not prevent the sharing of your health information with authorized entities when necessary for public health as well as when required by state or federal law.
- Completion of the VCHCA Opt Out Form does not opt you out of other health information exchanges. If you wish to opt out of another HIE network, you are responsible for arranging to opt out according to the rules of that network.
- Health care providers outside of VCHCA can still request and receive your medical information from VCHCA through other methods such as fax or mail.

A request to opt out of the VCHCA HIE will be effective approximately within 5 business days after receipt by VCHCA and will not apply to any information sent through the HIE or exchanged with other participants in an HIE network before that date. You are free to opt back in at any time by completing a Revoke Opt Out Request Form available at your VCHCA Provider's Office or by calling (805) 652-6008.

A separate form must be completed by each family member wishing to opt out. Please complete all of the below required fields for accurate processing.

Patient's Name: _____
Last: First: Middle:

Previous Name or Nicknames: _____ **Patient's Date of Birth:** _____ **Gender:** _____

Address: _____
Street City State ZIP

Primary Phone Number:(_____) _____

Signature

Date Signed

If signed by someone other than the patient, please print name below and indicate relationship.

Representative Name Representative Relationship to Patient Representative Phone #

Return form to VCHCA:
Email: HIEconnect@ventura.org

Mail: Ventura County Health Care Agency
c/o: HIM Dept.
300 Hillmont Avenue, Ventura, CA 93003

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VENTURA COUNTY HEALTH CARE AGENCY

VCMC-546-057 (11/2017)



Patient Label
or
Two Patient Identifiers