



Health Information Exchange Privacy Form

PLEASE READ THIS ENTIRE DOCUMENT BEFORE SIGNING THE CONSENT FORM.

Patient Last Name:		First Name:		Middle Name:				
Previous Name(s):				Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Street Address / P.O. Box :								
City:		State:		Zip Code:				
Phone Number (Optional):	Last 4 numbers of SS#:	Date of Birth:	MM	<input type="text"/>	DD	<input type="text"/>	YYYY	<input type="text"/>

San Ysidro Health (SYHealth) participates in the San Diego Health Connect Health Information Exchange network with other health care providers and organizations. Unless you opt-out your protected health information (PHI) **will be shared** with this regional HIE, to be shared with other organizations to include public health departments, health plans and other participating healthcare providers.

A Health Information Exchange, or “HIE”, is a faster way of sharing your health information among participating doctors’ offices, hospitals, care coordinators, labs, radiology centers, and other health care providers through secure, electronic means. The purpose is so that each of your participating healthcare providers can have the benefit of the most recent information available from your other participating providers when taking care of you. For example, if you go to a hospital emergency room that participates in the same regional HIE as SYHealth; the ER physicians would be able to access your SYHealth health information to help make treatment decisions for/with you.

Should you choose not to participate (opt-in) in the HIE, doctors and nurses will not be able to search for your health information through the HIE to use while treating you. However, this requirement applies only to sharing your medical records electronically. It does not supersede the HIPAA regulations or their presumption of consent for the use of your medical information for purposes of treatment, payment, and routine business operations regardless of whether you authorize it or not. The HIPAA Privacy Rule under 45 CFR § 164.512(b) (1) (i) and Cal. Civ. Code § 56.10(b) permits public health reporting, such as the reporting of infectious diseases to public health officials, which will still occur through the HIE even if you choose not to participate. Controlled Dangerous Substances (CDS) information, as part of the State’s Prescription Drug Monitoring Program, will continue to be available through the HIE to licensed providers.

This HIE Consent Form only needs to be completed once to opt-out of the HIE; it is not necessary to complete a separate form for each provider. HIE participants like SYHealth are required to meet rules that protect the privacy and security of your health and personal information. If you choose not to participate in the HIE, none of your SYHealth electronic health information will be shared through the regional HIE. When you see a provider outside of SYHealth, that provider will need to request your medical information from SYHealth by methods other than HIE, to include: Fax, Mail etc. If you wish to reverse your decision you may do so at any time by notifying your SYHealth provider in writing.

A separate HIE Consent Form must be completed by each family member. Please complete all of the following required fields for accurate processing. Print legibly with a dark colored ink pen.

PLEASE COMPLETE ALL OF THE FOLLOWING REQUIRED FIELDS FOR ACCURATE PROCESSING. PRINT LEGIBLY WITH A DARK COLORED INK PEN.

I DENY CONSENT FOR SYHealth to release and/or access any of my electronic health information through health information organization(s) even in the event of a medical emergency. (Opt-In)

Signature of patient or authorized representative:

If I sign this form as the Patient’s Authorized Representative, I understand that all references in this form to “I”, “me” or “my” refer to the Patient.

Print Name of Patient

Patient Date of Birth

Signature of Patient or Patient’s Legal Representative

Date

Print Name of Legal Representative (if applicable)

Relationship of Legal Representative to Patient (if applicable)

If signed by someone other than the patient, print name and indicate relationship:

Authorized Representative

Relationship

Date

Address of authorized representative signing this form (please print):

Phone number of authorized representative signing this form: _____

xxx-xxx-xxxx

Signature of Witness:

Witness required only for telephone consent, physical inability to sign, or signature by mark. Telephone consent is subject to verification of identity.

Witness

Relationship

Date

SYHealth Health Information Exchange (HIE) Fact Sheet

The following information contains details about SYHealth patient information in the San Diego Health Connect Health Information Exchange and the consent process:

1. Definitions.

“SYHealth” refers to San Ysidro Health Center, Maternal & Child Health Center, San Diego PACE-San Ysidro, Beyer-Senior Health Services, Otay, MI Clínica at Northgate, Chula Vista, Paradise Hills, National City, King-Chavez Health Center, CHC-Euclid, CHC-Ocean View, Children’s Dental Center at Rady Children’s Hospital, Chaldean and Middle Eastern Social Services, South Bay, Chula Vista Pediatrics, and ALL other SYHealth Programs

2. How Your Information Will be Used. SYHealth participates in the San Diego Health Connect HIE network with other health care providers and organizations separate from SYHealth. All of your health information may be shared to this regional HIE to be shared with other organizations that include public health departments, health plans, and other participating providers. All medical information shared via the HIE will be consistent with California State and Federal laws; your electronic health information may be used by participating regional HIE’s to:

- ✓ Provide you with medical treatment and related services.
- ✓ Check whether you have health insurance and what it covers.
- ✓ Improve Payers and Insurers ability to meet quality and performance program requirements by having a more complete view of a patient’s clinical information.
- ✓ Provide Care Management Activities. These include assisting you in obtaining appropriate medical care, improving the quality of healthcare services provided to you, coordinating the provision of multiple health care services provided to you, or supporting you in following a plan of medical care.
- ✓ Provide Quality Improvement Activities. These include evaluating and improving the quality of medical care (and related services) provided to you and all SYHealth patients, members and participating organizations.

NOTE: The choice you make in this Consent Form does NOT allow health insurers to have access to your information for the purpose of deciding whether to give your health insurance or pay your bills. You can make that choice in a separate Consent Form that health insurers must use.

3. What Types of Information About You Are Included? If you give consent, the HIE Participants may access “ALL” of your electronic health information available through SYHealth HIE and all employees, agents and members of the medical staff of SYHealth may access “ALL” of your electronic health information available through the HIE. This includes information created before and after the date of this Consent Form. Your health records may include a history of illnesses or injuries you have had (like diabetes or a broken bone), test results (like X-rays or blood tests), and lists of medicines you have taken. This information may relate to sensitive health conditions, including but not limited to: Alcohol or drug use problems, mental health conditions, birth control and abortion (family planning), HIV/AIDS, Genetic (inherited) diseases or tests and Sexually transmitted diseases.

4. Where Health Information About You Comes From. Information about you comes from places that have provided you with medical care or health insurance (“Information Sources”). These may include hospitals, physicians, pharmacies, clinical laboratories, health insurers, the Medicaid program, and other organizations that exchange health information electronically. You can obtain additional information regarding health information exchange and/or patient rights at any time by contacting the SYHealth Patient Access Representative (PAR) or the SYHealth Privacy Officer.

5. Who May Access Information About You, If You Give Consent. Only these people may access information about you: doctors and other health care providers who serve on the medical staff of an approved HIE or San Diego Health Connect HIE participants and who are involved in your medical care; health care providers who

are covering or on call for an approved HIE; designated staff involved in quality improvement or care management activities; and staff members of an approved HIE who carry out activities permitted by this Consent Form as described above in paragraph one.

6. Public Health and Organ Procurement Organization Access. Federal, state or local public health agencies and certain organ procurement organizations are authorized by law to access health information without a patient's consent for certain public health and organ transplant purposes. These entities may access your information through participating providers for these purposes without regard to whether you give consent, deny consent or do not fill out a consent form.

7. Penalties for Improper Access to or Use of Your Information. There are penalties for inappropriate access to or use of your electronic health information. If at any time you are concerned that someone who should not have seen or received access to information about you via the HIE, you may do the following: Call the SYHealth Compliance Hot Line at: 1 (844) 668-4100, Contact the Department of Health and Human Services at: 800-368-1019 or follow the complaint process of the federal Office for Civil Rights at the following link: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>

8. Re-disclosure of Information. Any electronic health information about you may be re-disclosed by an HIE or qualified Participant to others only to the extent permitted by state and federal laws and regulations. This is also true for health information about you that exists in a paper form. As stated in #2 above, if you give consent, "ALL" of your electronic health information, including sensitive health information will be available through participating regional HIE's. Some state and federal laws provide special protections for some kinds of sensitive health information, including related to: (i) your assessment, treatment or examination of a health condition by certain providers; (ii) HIV/AIDS; (iii) mental illness; (iv) mental retardation and developmental disabilities; (v) substance abuse; and (vi) genetic testing. Their special requirements must be followed whenever people receive these kinds of sensitive health information. SYHealth, and other HIE participants who access this information through these health information exchanges must comply with these requirements.

9. Effective Period. This Consent Form will remain in effect until the day you withdraw your consent or until such time SYHealth ceases to participate in the HIE, or, until the day you change your consent choice.

10. Changing Your Consent Status. You can change your Consent Status at any time by signing a new Consent Form and selecting the "I DENY CONSENT" on page 2 of the form. You can get this Consent Form from your provider or on the [SYHealth website](#). Once completed, please give the form to your provider and he or she will update our records appropriately.

Note: Organizations, including Providers, that access your health information through the HIE while your consent is in effect may copy or include your information in their own medical records. Even if you later decide to withdraw your consent, they are not required to return the information or remove it from their records.

11. Copy of Form. You are entitled to a copy of this Consent Form after you sign it if you so request.