

## NC Health Information Exchange Patient Opt-Out Info

*This form is to be used by patients who **do not** wish to participate in North Carolina's statewide health information exchange, 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 NC 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 NC HIE patient record?

Your NC 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 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 NC HIE. For example, if one of your providers participates in NC HIE, he or she can access your health information maintained by your other providers who also participate in NC HIE.

### How is my health information protected?

NC HIE takes every precaution to keep 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. NC HIE tracks when your record is viewed, by whom, and what was looked at.

### What can NC HIE do for me?

If you see multiple doctors who participate in NC 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.

### I don't want to participate. How can I opt out?

Your health information will be visible to your caregivers through NC HIE unless you opt-out using this form or contact NC HIE at 1-855-926-1042. 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 NC and federal law. In cases of medical emergency, your doctor may request to view your health record to diagnose or treat your emergency medical condition and NC HIE will make your records available under such circumstances and will audit these requests. For more information about the emergency medical exception to opting out, please visit [www.nchie.org](http://www.nchie.org). Please allow up to two business days for processing your opt out request.

# NC Health Information Exchange Patient Opt-Out Form

Fill out and mail this form to NC Health Information Exchange at the following address:

NC Health Information Exchange  
Attn: Opt Out  
2300 Rexwoods Drive, Suite 390  
Raleigh, NC 27607

Select one option below:

**Partial Opt-Out** – NC HIE may not share health information maintained by the caregiver(s) or health care organization(s) listed below. I understand that all health information maintained by said caregiver(s) and/or organization(s) will not be a part of my patient health record in NC HIE’s health information exchange network. In cases of medical emergency, my doctor may request to view my health record to diagnose or treat my emergency.

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**Full Opt-Out** – NC HIE may not share any of my health information.

*\*Please note that NC HIE is subject to HIPAA and NC 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.*

**Rescind Opt-Out**

I request to terminate 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 NC HIE, as permitted or required by NC or Federal law.

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

_____ First Name	_____ Last Name	_____ Middle Initial
_____ Address		
_____ City	_____ State	_____ Zip
_____ Date of Birth (mo/da/yr)	_____ Gender (M or F)	_____ Last 4 Digits of Social Security Number
_____ Patient Signature or Legal Representative*		_____ Date (mo/da/yr)

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