Sacred Heart Health System

ASCENSION

Health Information Exchange: CommonWell/Carequality Opt-Out Form

A Health Information Exchange ("HIE") shares health information among participating doctors' offices, hospitals, diagnostic centers, and other health care providers through a secure, electronic means. Ascension Florida (acting as Sacred Heart Health System, Inc. or any affiliated facilities) participates in the CommonWell/Carequality Network. Your health care information is available to participating health care providers where and when they need it for your care without delay. This allows your providers to have the benefit of your most recent health information available from other participating providers when taking care of you.

What health information is in the HIE?

The HIE contains your health information such as medications, vaccinations, allergies, current and past laboratory and diagnostic test results, and summaries of your past and current health problems contained in an electronic health record. Having timely access to this type of information will help your providers work together more easily, make better decisions about your care, eliminate duplicate forms and tests, and enhance care, especially in an emergency.

Who can see my health records in the HIE?

Only health care providers and their associated staff members can access your records through the HIE. For example, if one of your providers participates in the HIE, he or she can access your health information maintained by your other providers who also participate in the HIE.

I don't want to participate in the HIE. How can I opt-out and how does that affect me?

Your health information will be visible through the HIE, unless you request to opt-out in writing by completing and submitting this form to Health Information Management/ Registration. Opting out of the HIE will not affect your ability to access medical care, and will not prevent your providers from sharing your health information with authorized entities when necessary for public health purposes via proper authorization, research purposes that are permitted or required by state or federal law, or emergency situations.

If you do not want participating physicians, hospitals, diagnostic centers, and other health care providers to have access to your information that is contained in the HIE, fill out all the fields below and submit this form to Health Information Management /Patient Access staff.

*****Please allow up to two business days for processing opt- out request.***

Opt-Out

☐ I do not want to participate in the CommonWell/Carequality HIE.

Rescind Opt-Out

☐ I want to completely rescind my Opt-Out and participate in the HIE. If I wish to Opt-Out of the HIE in the future, I will be required to complete a new Opt-Out form. _____(Patient Initial) _____(Date)

☐ I, the undersigned, have read the above and authorize the staff of the Ascension Florida entity to disclose such information as herein contained. I have the right to revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon it. I understand that when this information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected. I hereby release and hold harmless the above-named facility and its parent company from all liability and damages resulting from the lawful release of my Protected Health Information. ____ (Patient Initial) _____(Date)

_____ _____ _____

Patient Printed Name: First, Last, and Middle | Date of Birth | Patient Initial

_____ _____

Patient Signature (or Legal Representative Signature*) | Date (month/day/year)

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

_____ _____

Hospital Representative Signature | Hospital Representative Printed Name