

ELECTRONIC EXCHANGE OF PROTECTED HEALTH INFORMATION OPT-OUT FORM

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PATIENT INFORMATION

PLACE PATIENT'S LABEL HERE

Electronic Exchange of Protected Health Information Opt-Out Form

Patient Name

Date of Birth

LCMC Health enhances the health of the communities we serve by providing high quality health care to all patients and partnering effectively with community providers to promote continuity of care and prevent unnecessary duplication of services. One important care coordination tool we use is the fast, secure exchange of your health information with medical providers outside the LCMC Health system who participate in your care. LCMC Health electronically shares your information in the following ways:

<u>Health Information Exchanges (HIE)</u> The purpose of HIEs is to promote the appropriate and secure access and retrieval of a patient's health information to improve the cost, quality, safety and speed of patient care. One HIE in which LCMC participates is the Greater New Orleans HIE (GNOHIE), which facilitates the sharing of your health records, including your health history, the medicines you take, test results, surgery reports, hospital discharge notes, and other health information. The exchange of this information can be a powerful care coordination tool. For example, if you were recently seen in the emergency department or admitted to the hospital, your primary care physician could access your medical records from those visits to make more informed decisions about your care.

Care Everywhere: Care Everywhere allows health care organizations that use Epic electronic health record (EHR) systems to instantly share your medical records via secure, encrypted connections with other Epic organizations. LCMC Health uses the Epic EHR system. Care Everywhere allows your treating providers real-time access to your medical history, including previous diagnoses, test results, medications, allergies, progress notes and other crucial information, without having to wait for these records to be transferred from one facility to another.

Opt-Out Election

If you do not want LCMC Health to use electronic exchanges to transmit your information, you may sign and submit this form to **OPT OUT**.

Here are some key considerations to keep in mind when making your decision whether to opt out:

- If you choose to opt out, you are opting out of all HIEs in which LCMC Health participates.
- Opting out of electronic exchange methods may delay communication of your health information between providers treating you, and require LCMC Health facilities to use less secure data transmission methods, such as fax or mail.
- Your opt-out election will be in effect until you notify us otherwise.
- Your care and treatment at LCMC Health facilities will not be affected by your decision to opt out.
- To change your election, please contact the LCMC Health Information Management Department, P: 504-894-7361, F: 504-896-9214, Email: HIMDataIntegrityDepartment@lcmchealth.org

I hereby elect to OPT OUT of LCMC Health's transmission of my health information via HIEs and Care Everywhere.

Patient (or Legal Representative) Signature:		Date м /	IM/DD/YY /	Time 00:00 АМ/РМ
Patient (or Legal Representative) Printed Name:	Legal representative Re	ationshi	ip to patie	nt:

