



## **NCHHealthConneX**

We are pleased to announce that we will be participating in NCHHealthConneX, operated by the North Carolina Health Information Exchange Authority (NC HIEA). This is a secure, electronic network that enables authorized participating physicians, hospitals, laboratories, pharmacies, and other health care providers to have access to your vital medical information so that they can make the best medical decisions for you. The system is fully compliant with HIPAA and state laws. Only health care providers with correct identification and passwords can access the system, and they may only use it when they need to support your care. This access is valuable, especially in cases where you are unable to communicate in an emergency or are being prescribed medications that could interact with others you are taking. As you visit new providers or pharmacies, your information will be available to them, saving you the need to supply it for them.

Our practice is participating in this program; however, you, as the patient, have the option of whether to share your information in the system. You can elect to opt-out by completing an opt-out form downloaded from our website or requested from our office. Unless you opt-out, your health information will be shared in the system. Should you opt-out, your health information is blocked from access by any provider, who is not part of our practice. Your decision whether to participate or opt-out will not affect in any way your access to medical care in our practice.



## North Carolina Health Information Exchange Authority Patient Opt Out Information

Updated 10/2/2018

The North Carolina Health Information Exchange Authority (NC HIEA) is operating North Carolina's Health Information Exchange, now called NC HealthConnex. NC HealthConnex is a secure, electronic network that allows participating medical providers to share your health information with one another. This enables participating physicians, hospitals, laboratories, pharmacies, and other health care providers to have access to important medical information about you that can assist them in making critical medical decisions for you.

### **Your Patient Record**

Your patient record in NC HealthConnex will include information about your medications, allergies, laboratory results, and other information gathered during your encounters from your health care provider. Your record will also include your demographic data to help identify you when you visit different health care providers across the state. It will not include any information about you that federal law prohibits sharing without your express authorization, like psychotherapy notes and substance abuse treatment records.

### **Benefits of NC HealthConnex**

What does it mean to be a part of NC HealthConnex network? As a patient, it means having peace of mind in visiting a new health care provider's office if they are participating in the NC HealthConnex. If your information has been uploaded before, your new provider will be able to access that data. This means they can spend less time taking down your history and spend more time treating you.

Participating in the NC HealthConnex is even more important if you visit an emergency department at a participating hospital and you are unable to provide critical information about your current health status to hospital staff, including your diagnoses, medications, and allergies.

### **Who Can See My Record?**

Only participating health care providers and other HIPAA covered entities that have signed contracts with the NC HIEA will be able to access your medical information through the NC HealthConnex. Your NC HealthConnex data may also be provided to third parties who have entered into contracts with the NC HIEA for limited purposes (i.e. the NC Department of Public Health for immunizations). These contracts ensure that all relevant privacy statutes and regulations are followed in how your health information is viewed, used, and shared. The NC HIEA also has the power to audit the use of patient information by each participating practice and each third party to ensure the law is being followed.

### **Right to Opt Out of NC HealthConnex**

You have the right to opt out of having your information shared between providers through NC HealthConnex. If you choose to opt out, please fill out the form on the following page and mail it to the NC HIEA. Opting out of NC HealthConnex will not adversely affect your treatment by your physician and you cannot be discriminated against if you decide to opt out. You can also use the form to rescind a previous opt out if you change your mind. However, your information may also be shared as required or permitted by law, for instance, for public health purposes.

Please note that the NC HIEA will only process opt out forms that are signed by adults over the age of 18. If you are under the age of 18 and have not gone through the legal process to become emancipated, you must have a parent or legal guardian sign the opt out form.

**The information presented is not legal advice and is not to be acted on as such, may not be current, and is subject to change without notice.**



**North Carolina Health Information Exchange Authority  
Patient Opt Out Form**

Please complete one box and the information requested below, and mail to:  
**NC HIEA, Attn: Opt Out Processing, 4101 Mail Service Center, Raleigh, NC 27699-4101**  
Please include a return address on the mailing envelope.

**Opt Out: The NC HIEA may not share any of my health information.**

By completing and signing this form, I certify that I have been notified of the benefits of NC HealthConnex and of my right to opt out of having my data shared between participating health care providers through NC HealthConnex. I also understand that my personal health information may be accessed and used in certain circumstances pursuant to HIPAA and NC law, such as reporting public health threats. **I understand that the information provided to me is not legal advice and I will hold the North Carolina Health Information Exchange Authority harmless for the direct or indirect consequences of my decision to opt out.**

\_\_\_\_\_  
Signature of Patient or Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**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 HealthConnex as permitted or required by North Carolina or federal law.

\_\_\_\_\_  
Signature of Patient or Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Please complete all of the following fields for the patient who is requesting the opt out or the opt out rescission. Incomplete forms will not be processed.**

\_\_\_\_\_  
First Name of Patient

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Mailing Address

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City

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State

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Date of Birth

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Email

(\_\_\_\_)\_\_\_\_\_  
Primary Phone Number

(\_\_\_\_)\_\_\_\_\_  
Secondary Phone Number