

**HEALTH INFORMATION EXCHANGE (HIE) OPT-OUT**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Your health care may be managed by both Virginia Hospital Center Arlington Health System (VHCAHS) and other independent health care facilities or providers. We believe that fast, secure transmission of health information between those caring for you may lead to better outcomes and increased care coordination, while reducing costs.

VHCAHS uses the following health information exchanges (HIEs) to share health information\*: Epic Care Everywhere, VHCconnect, Carequality, eHealth Exchange, and Surescripts NRLS.

To the extent permitted by law, you have the right to opt-out of participation in HIE. Before you decide to opt-out, however please carefully consider the following key points:

- By deciding to opt-out, you will not participate in any of the HIEs used by VHCAHS.
- Opting out of these HIEs may delay communication of your health information between providers or facilities treating you, which may result in their having incomplete information about your health status. This lack of information may also cause duplicate tests and procedures.
- Opting out of these HIEs may require VHCAHS to have to use less secure data transmission methods to communicate with your other providers (such as fax or email).

I hereby acknowledge and agree as follows:

1. I OPT-OUT of any HIE in which VHCAHS participates (including Care Everywhere, VHCconnect, Care Equality, eHealth Exchange, and Surescripts NRLS). I understand that by making this selection, none of my health care providers will be able to access my health information maintained through an HIE in which VHCAHS participates, except in cases of a medical emergency and/or to the extent required by law;
2. I UNDERSTAND that my providers who originally generated information about me will continue to have access to my information, but only in the medical record that they created for me, or by obtaining it through other traditional release of information methods;
3. I UNDERSTAND that this Health Information Exchange (HIE) Opt-Out form does NOT cover or result in my opting-out of any other Health Information Exchange used by my independent providers and that it is my responsibility to contact those providers to opt-out of any HIEs in which they participate.



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4. I UNDERSTAND that this HIE opt-out will remain in effect unless and until I notify Virginia Hospital Center Arlington Health System of my desire to revoke it in writing by submitting a Revocation of Prior Health Information Exchange (HIE) Opt-Out form;
5. I UNDERSTAND that this HIE opt-out will NOT apply to any of my information that was already disclosed through any HIE in which VHCAHS participates before this HIE opt-out went into effect;
6. I HAVE HAD AN OPPORTUNITY to have all my questions regarding this “Health Information Exchange (HIE) Opt-Out” answered;
7. **I UNDERSTAND THAT MY CHOICE WILL NOT AFFECT MY ABILITY TO GET MEDICAL CARE FROM VIRGINIA HOSPITAL CENTER ARLINGTON HEALTH SYSTEM AND WILL NOT BE USED AS THE BASIS FOR DENIAL OF HEALTH SERVICES;** and
8. I UNDERSTAND that this request can take two (2) business days upon receipt to take effect.

**Return this completed and signed Health Information Exchange (HIE) Opt-Out form via email to: HIEOPTOUT@virginiahospitalcenter.com**

*\*Virginia Hospital Center Arlington Health System Recovery and Wellness Unit and Behavioral Health Unit will not share information with independent facilities or providers via HIE without a written authorization signed by you to share such information, except as required or otherwise permitted by law.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Legal Representative: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Date Received by Virginia Hospital Center Arlington Health Center: \_\_\_\_\_



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