

Health Information Exchange (HIE) Opt-Out Request Form

What is a Health Information Exchange (HIE)?

A Health Information Exchange is a way of sharing your/your child's health information among participating hospitals, doctors' offices, labs, pharmacies, and other healthcare providers through secure electronic means.

Why use an HIE?

Through an HIE, each of your/your child's participating caregivers can see the most recent information available from other participating caregivers when taking care of you/your child. For example, if you/your child were in the hospital and the doctor performed tests, those test results would be available electronically to your/your child's doctors.

What happens if I opt out?

If you opt out using this form, doctors and nurses will not be able to search for your/your child's health information through the HIE when they treat you/your child. Public health reporting required by law (such as the reporting of certain infectious diseases to public health officials) may still happen through an HIE even if you opt out.

I request that my/my child's health information not be viewable through any health information exchange (HIE) in which Texas Children's Hospital (TCH) or any TCH electronic medical record system practices participates in, now or in the future.

Please initial that you have read and understand each of the following statements:

_____ I understand that by submitting this HIE Opt-Out Request Form, my/my child's health information will not be viewable by participating health care providers (including emergency room physicians) through any HIE in which TCH EMR Entities participate. I understand that my/my child's health information may still be stored electronically by each participating provider.

_____ I understand it may take 3-5 business days for this opt-out request to take effect.

_____ I understand that my or my child's information will be shared if I Opt-In with another HIE facility after the date signed below.

_____ I understand that any information that is shared before this opt-out request takes affect may remain with providers who accessed the information.

_____ I understand that I am free to opt back in at any time and can do so by completing the Revocation of Prior HIE Opt-Out Form that I can obtain by contacting the Privacy Office at (832) 824-2091.

_____ I understand that when I/my child sees a health care provider for treatment, that provider may request and receive my/my child's medical information from other providers using other methods permitted by law, such as fax, mail, or secure message.

Please sign in the appropriate area below:

Name of Patient/Parent/Guardian: _____ Date: _____
Nombre del Paciente/Nombre del representante del Paciente (letra de molde)

Name of Patient/Parent/Guardian: _____ Relationship to Patient: _____
Nombre del Paciente/Nombre del representante del Paciente (letra de molde)

Patient is: a minor unable to sign because: _____

Witness: _____ Date: _____
Employee Name:



***Scan to EPIC documents, GHH Opt-Out**

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