



District of Columbia Health Information Exchange Patient Opt-Out Summary and Form

This form is to be used by patients who do not wish to participate in the District of Columbia's health information exchange, or if a patient wishes to rescind a previous decision to opt-out.

A Health Information Exchange, or HIE, is a way of sharing your health information among participating doctors' offices, hospitals, labs, radiology centers, and other health care providers/qualified health care professionals through secure, electronic means. The District of Columbia Health Information Exchange (DC HIE) is the HIE that serves the District of Columbia. The purpose of an HIE is for each of your participating caregivers to have the benefit of the most recent information available from your other participating caregivers when taking care of you.

What is in my DC HIE patient record?

Your DC HIE patient record will include your medications, allergies, current and past test results, and summaries of your past and current health problems. It will not include psychotherapy notes or other information that requires your specific authorization to release under federal law. Having timely access to a more complete and accurate health record will help your caregivers work together more easily, make better decisions about your care, eliminate redundant forms, and reduce mistakes, especially in an emergency.

Who can see my records?

Only health care providers/qualified health care professionals who are treating you and their associated staff who are specifically given rights to the HIE network can access your records through DC HIE. For example, if one of your providers/qualified health care professionals participates in DC HIE, he or she can access your health information maintained by your other providers who also participate in DC HIE.

How is my health information protected?

DC HIE takes every precaution to keep your records private and secure. Clear and strict federal and state guidelines govern how your health information can be exchanged, viewed, or used. Information that identifies you will not be sold or made available for other purposes. Only those that care for you will be able to view your health information, and only when needed to provide or coordinate your care, make referrals, submit mandatory public health reports (such as your vaccination history), or to provide health care benefits to you. DC HIE tracks when your record is viewed, by whom, and what was looked at.

What can DC HIE do for me?

If you see multiple doctors who participate in DC HIE, they may see a more complete picture of your health, and make more informed treatment decisions. The goal is for you to receive coordinated care more efficiently. Your health care information is available to participating health care providers where and when they need it without delay.

I don't want to participate. How can I opt out?

Your health information will be visible to your caregivers through DC HIE unless you opt-out using this form or contact DC HIE at 1-202-442-4623. Your choice to opt-out of the health information exchange will not affect your ability to access medical care. Opting out will not prevent your caregivers from sharing your health information with authorized entities when necessary for public health or research purposes that are permitted or required by DC and federal law. In cases of medical emergency, your doctor may request to view your health record to diagnose or treat your emergency medical condition and DC HIE will make your records available under such circumstances and will audit these requests.

DC HIE Patient Opt-Out Form

Complete out and mail this form to DC Health Information Exchange at the following address:

DC Health Information Exchange
Attn: Opt Out
899 N. Capitol Street, NE, 6th Floor
Washington, DC 20002

Select one option below:

Opt-Out

DC HIE may not share health information maintained by the caregiver(s) or health care organization(s) listed below. I understand that all health information maintained by said caregiver(s) and/or organization(s) will not be a part of my patient health record in DC HIE's health information exchange network. In cases of medical emergency, my doctor may request to view my health record to diagnose or treat my emergency.

DC HIE may not share any of my health information, except in instances of public health or research purposes that are permitted by both HIPAA and DC law. In cases of medical emergency, my doctor may request to view my health record to diagnose or treat my emergency.

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/qualified healthcare professionals through DC HIE, as permitted or required by DC or Federal law.

All fields must be filled out in order for DC HIE to process your opt- out request.

First Name

Last Name

Middle Initial

Address

City State Zip

Date of Birth (mo/da/yr) Gender (M or F) Last 4 Digits of Social Security Number

Patient Signature or Legal Representative* Date (mo/da/yr)

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