PATIENT NAME: _____

DATE OF BIRTH: _____

UCD MEDICAL RECORD #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Email (optional): _____

UNIVERSITY OF CALIFORNIA, DAVIS
MEDICAL CENTER
SACRAMENTO, CALIFORNIA

**REQUEST FOR UCDHS
HEALTH INFORMATION EXCHANGE
PATIENT OPT-OUT**

UCDHS Health Information Exchange Patient Opt-Out Info
This form is to be used by patients who do not wish to participate in UCDHS's national Health Information Exchange (HIE), or if a patient wishes to rescind a previous decision to opt-out. Please read the following information carefully before submitting your opt-out form.

What is UCDHS HIE?
HIE is a way of sharing your health information among participating doctors' offices, hospitals, labs, radiology centers, and other health care providers through secure, electronic means. The purpose is so that each of your participating caregivers can have the benefit of the most recent information available from your other participating caregivers when taking care of you.

What is in my UCDHS HIE patient record?
Your UCDHS HIE patient record will include information such as your medications, allergies, current and past test results, and summaries of your past, current and future health problems. It will not include psychotherapy notes which require 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 may reduce mistakes, especially in an emergency.

Who can see my records?
All health care providers, their associated staff, and other parties who are specifically given rights to the HIE network can access your records through UCDHS HIE. For example, if one of your providers participates in UCDHS HIE, he or she can access your health information maintained by your other providers who also participates in UCDHS HIE.

How is my health information protected?
UCDHS is committed to keeping 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 provide or coordinate care or health care benefits for you will be able to view your health information through the HIE network.

What can UCDHS HIE do for me?
If you see multiple doctors who participate in 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 without delay.

Are there risks to opting out?
Yes. The goal of UCDHS HIE is to provide your caregivers outside UCDHS secure access to the best available information about your health. By opting out of UCDHS HIE, your caregivers outside UCDHS may have less information about you when making a diagnosis, or when making decisions with you about your care.

I don't want to participate. How can I opt out?
Return this form to UCDHS Health Information Management Department by fax (916) 734-2126 or email hs-roi@ucdavis.edu. Please allow up to two business days upon our receipt to process your request. If you have any questions, contact (916) 734-5205.

Your choice to opt-out of UCDHS HIE 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 UCDHS as well as federal and state law. In case of medical emergency, your doctor may request to view your health record to diagnose or treat your emergency medical condition and UCDHS HIE will make your records available under such circumstances.

You will be automatically opt-in to UCDHS HIE unless you sign and return this form.

❑   **Opt-Out –** UCDHS may not share my health information through the UCDHS HIE.

❑   **Cancel Opt-Out –** I request to cancel 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 UCDHS HIE, as permitted or required by UCDHS or Federal / State law.

If you believe your privacy rights have been violated, you may file a complaint with UC Davis Health System or with the Secretary of the Department of Health and Human Services, Office of Civil Rights. To file a complaint with UC Davis Health System, contact the Compliance Hotline: (877) 384-4272. You may also submit your complaint in writing and deliver to: UCDHS Compliance Department, 2315 Stockton Blvd., Sherman Way Bldg., Suite 3100, Sacramento, CA 95817. **You will not be penalized for filing a complaint.**

_____ _____ _____ _____
Date   Print Name   Patient / Patient Representative Signature   Relationship to Patient

**REQUEST FOR UCDHS
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