

NCHIIN is a health Information exchange (HIE). A HIE allows doctors, nurses, pharmacists, other health care providers and patients to appropriately access and securely share a patient’s vital medical information electronically improving the speed, quality, safety and cost of patient care. This sort of exchange activity is permissible under the Health Information Portability and Accountability Act (aka “HIPAA”)- a federal regulation that allows healthcare providers to securely share medical information pertaining to treatment, payment, and operations. NCHIIN provides two separate and distinct services for authorized care providers (doctors, nurses, care managers, case workers, and other healthcare facilities) to access secure information.

**1. Health Information Exchange (HIE)**

HIE is used to securely transmit the results of laboratory tests, x-rays, CT scans, MRIs, other medical procedures, medication history, and insurance eligibility to the providers directly involved in your care. HIE is a customary way of securely reporting this information to your providers. This service occurs based on your relationship with your care providers and you will not be able to “Opt-Out” of this service.

**2. Information for Care Coordination and Continuity**

The HIE can provide information to members of your healthcare team to support coordination and continuity of care. This is a record of your care over time which gives your providers (including emergency room providers) access to your health information so they can give you the best possible care.

You have the right to prevent care providers from receiving information for care coordination and continuity that they did not order. This right is referred to as: “Opt-Out.”

To Opt-Out, you must initial the two statements below and legibly fill in the Personal Information section and sign the form. Once completed, mail the form to the NCHIIN office at 2315 Dean Street, Eureka, CA 95501 or fax it to NCHIIN at 707.443.2527. Please allow 10 business days for NCHIIN staff to implement your request.

To reverse your Opt-Out request, please complete the Opt-In form available on our website. By

my signature below,

- I understand that my care providers will NOT be able to access my health information that they did not order, even in the case of emergency. \_\_\_\_\_(initial here)
- I understand that my care providers will continue to receive care information about the tests and results they have ordered for me through the HIE service. \_\_\_\_\_(initial here)

**Personal Information**

Your First Name (your legal name)	
Your Middle Name	
Your Last Name	
All previous names and/or nicknames	
Your date of birth	
Your mailing address	
Your phone number(s)	

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_