



314/363-9918

**Keck Medicine of USC Health Information Exchange Patient Opt-Out Information**

This form is to be used by patients who do not wish to participate in Keck Medicine of USC's 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. Keck Medicine of USC refers to Keck Hospital of USC, USC Norris Cancer Hospital, USC Verdugo Hills Hospital and the USC Care Medical Group, Inc. clinics.

**What is the Keck Medicine of USC HIE?**

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 through secure, electronic means. The purpose is so that each of your participating caregivers, including participating providers who are not part of Keck Medicine of USC, can have the benefit of the most recent information available from your other participating caregivers when taking care of you. Your health information would be shared 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 treatment to you.

**What is in my Keck Medicine of USC HIE patient record?**

Your Keck Medicine of USC 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 sensitive 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 who are treating you and their associated staff who are specifically given rights to the HIE network can access your records through the Keck Medicine of USC HIE. For example, if one of your providers participates in the Keck Medicine of USC HIE, he or she can access your health information maintained by your other providers who also participate in the Keck Medicine of USC HIE.

**How is my health information protected?**

Keck Medicine of USC is committed to keeping your records private and secure. Privacy laws 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.

**What can the Keck Medicine of USC HIE do for me?**

If you see multiple doctors who participate in the Keck Medicine of USC 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 the Keck Medicine of USC HIE unless you opt-out using this form or by contacting the patient access representative. Please allow up to two business days for processing your opt-out request.

Your choice to opt-out of the Keck Medicine of USC 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 treatment, public health or research purposes that are permitted or required as indicated in USC's Notice of Privacy Practices by USC as well as federal and state law. In cases of medical emergency, your doctor may request to view your health record to diagnose or treat your emergency medical condition and the Keck Medicine of USC HIE will make your records available under such circumstances.

- ☐ **Opt-Out** – USC may not share my health information through the USC 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 the USC HIE, as permitted or required by USC or Federal / State law.

Date	Print Name	Patient/Patient Representative Signature	Relationship to Patient
<b>HEALTH INFORMATION EXCHANGE (HIE) PATIENT OPT-OUT FORM</b>		P A T I E N T  I D	