



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY PUBLIC HEALTH DEPARTMENT

Nicholas Drews, *Health Agency Director*

Penny Borenstein, M.D., *Public Health Administrator*

Health Information Exchange Patient Opt-Out/Opt-In

This form is to be used by patients who do not wish to participate in County of San Luis Obispo Public Health's (SLOPH) Health Information Exchanges (HIEs), known as Manifest Medex's MX Access ("MX Access") and OCHIN's Epic Care Everywhere ("Epic Care Everywhere"), or if a patient wishes to rescind a previous decision to opt out. Please read the following information carefully before submitting your form.

What is a Health Information Exchange or 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 can have the benefit of having your most recent information. The difference between an HIE and historical means to share data is an HIE provides for a more modern, real-time sharing of your data for each participating caregiver. Having timely access to a more complete and accurate health record will help your caregivers work together more easily, make better clinical decisions about your care, eliminate redundant forms, and reduce mistakes, especially in an emergency.

What is in my SLOPH HIE record?

Your SLOPH record includes your medications, allergies, current and past test results, and summaries of your past and current health problems. Specific records relating to abortion-related services, gender-affirming care, and HIV records have additional protections and are not included in the information exchanged via HIE without your additional consent.

Who can see my records?

The Health Agency complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex or any other protected class

County of San Luis Obispo Health Agency

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For the purposes of treatment, payment, or operations, only health care providers who are treating you and their associated staff who are specifically given rights to the HIE networks can access your records through the SLOPH HIEs. For example, if one of your providers participates in SLOPH HIEs, they can access your health information maintained by your other providers who also participate in SLOPH HIEs.

How is my health information protected?

SLOPH 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 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.

What can SLOPH's HIEs do for me?

If you see multiple doctors who participate in the same HIEs as SLOPH, 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.

Are there risks to opting out?

Yes. The goal of the SLOPH HIEs is to provide your caregivers outside SLOPH secure access to the best available information about your health. By opting out of health information exchanges, your caregivers outside SLOPH may have less health information about you when making decisions with you about your care. There will also be continued delays in sharing your

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information with other providers, which could impact your ability to get the best possible care at the time of your doctor's visit because they need to obtain information via a general Release of Information.

I do not want to participate. How can I opt out?

Your health information will be visible to your caregivers through the SLOPH HIEs unless you opt-out.

To opt out of participating in MX Access, please contact Manifest Medex by filling out the opt-out form online at <https://www.manifestmedex.org/opt-out/> or by calling 1 (800) 490-7617. If you need assistance with opting out of MX Access, please visit your local Public Health clinic. You may opt out at any time and your caregivers will need to request that a copy of your records be transferred by alternative means. If you desire at a future point to opt back in, you can do so by calling 1 (800) 490-7617 or filling out the form at <https://www.manifestmedex.org/resources/opt-out-2/>

To opt out of participating in Epic Care Everywhere, complete the attached opt-out form and email to ph.medicalrecords@co.slo.ca.us or present it in person to a SLOPH clinic front desk.

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 medical research purposes that are permitted or required by SLOPH as well as federal and state law. In cases of medical emergency, your health record may be disclosed without your authorization so your provider can ensure you obtain proper care during your emergency medical condition.

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Health Information Exchange (HIE) Patient Opt-Out/Opt-In Form

☐ **Opt-Out** – SLOPH may not share my health information through Epic Care Everywhere

- Please note that SLOPH is subject to HIPAA and California laws pertaining to the disclosure of certain health information, such as reporting public health threats. In cases of medical emergency, a doctor may request to view health information to diagnose or treat a patient.
- I understand that the information that has already been released pursuant to a previous authorization or other HIE will not be affected by the opt-out request.

☐ **Cancel (Rescind) Opt-Out (Opting back in)**

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 Epic Care Everywhere, as permitted or required by SLOPH or Federal/State law.

First Name

Middle Initial

Last Name

Street Address

City, State, Zip

(____)_____
Phone - Include Area Code

____ / ____ / ____
Date of Birth (month/day/year)

Patient Signature or Legal Representative* Date

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

(cont.)

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COUNTY OF SAN LUIS OBISPO HEALTH AGENCY

PUBLIC HEALTH DEPARTMENT

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You have three options to submit this completed form:

- 1) Present this completed form to the front desk at any of our Public Health Department clinics
- 2) Email this completed form to: PH.Medicalrecords@co.slo.ca.us
- 3) Mail this completed form to:

Health Records
San Luis Obispo Health Agency
2180 Johnson Ave
San Luis Obispo, CA 93401

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