Sample One Health Record® Patient Opt-Out Info

This form is to be used by patients who do not wish to participate in Alabama's statewide health information exchange, 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 One Health Record®?

One Health Record® is Alabama's health information exchange (HIE). The HIE allows doctors, nurses, pharmacists, other health care providers to securely share a patient's vital medical information electronically. The purpose is to improve patient care by making sure doctors, hospitals and other health care providers have a complete and recent picture of your health when and where it is needed for your treatment or care.

How does One Health Record® help me?

Health care is about you, the patient. Your medical history is unique to you. That's why every doctor or health care provider wants details of your medical history at every visit. It is also important to have this information so the doctor can make good decisions. Your health information is now shared by health care providers by fax, telephone or mail or through limited computer networks. These methods often take time. Information shared through One Health Record® can be located in minutes, give your provider a more complete and accurate record.

How does One Health Record® work?

One Health Record® does not replace your medical record. If you go to the hospital or to another doctor, those providers will be able to pull up your information and look at it even before you arrive! Then, the next time you see your doctor, he or she will have all the information about those visits or tests.

What information will be shared?

Your patient record will include your medications, vaccinations, 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.

Who can see my health information in One Health Record®?

Only authorized users of One Health Record® are allowed to look at your health information. These include: doctors, hospitals, or other providers who have enrolled in One Health Record® and are providing a medical service or care to you. One Health Record® follows all state and federal laws – including HIPAA –to keep your health information safe and private.

What if I do NOT want my information to be shared by One Health Record®?

You have the right to ask that your medical information not be disclosed or shared by the One Health Record® system. Your choice to opt-out of the health information exchange will not affect your ability to access medical care. If you wish to opt-out, please fill out, sign and submit an "Opt-Out" form to your provider. The form is available from your provider or at www.onehealthrecord.alabama.gov.

If I "Opt-Out," can I change my mind later?

Yes. Fill out, sign and submit a "Request to Opt-Out/Reverse Opt-Out" form to your provider. The form can be obtained from your provider and/or at www.onehealthrecord.alabama.gov.

Request to Opt-Out/Reverse Opt-Out

You should complete this form if:

1) You wish to **Opt-Out and DO NOT** want your medical information shared through One Health Record®. The system will no longer allow access to any of your current or past medical information, even in a medical emergency, **OR**,

2) You have ***previously submitted*** a request to **Opt-Out** but have changed your mind and wish to **Opt-Back In** and allow the sharing of your medical information.

Once you have completed and signed this form, return it to a healthcare provider who participates in One Health Record®.

☐ **I choose to Opt-Out** ☐ **I choose to Opt-Back In**

Last Name:_____ **First Name:**_____ **Middle Initial:** _____

Date of Birth (mm/dd/yyyy):_____ **Last 4 Digits of SS#:** _____

When I have selected to Opt-Out and submit this form, I understand that I am choosing for my health information to NOT be made accessible through One Health Record®, except as permitted by law, even in the event of a medical emergency.
When I have selected to Opt-Back In and submit this form, I understand that I am choosing for my health information to be available through One Health Record® to healthcare providers involved in my care and treatment.

_____ _____

Signature of Patient or Authorized Representative Date

This section must be completed and signed by a healthcare provider that participates in One Health Record®.

I have witnessed the above name individual sign this document and the individual is personally known to me or provided me with valid picture identification. My organization will opt-in/opt-out the individual as required by One Health Record® participation agreement.

_____

Witness Print Name

_____ _____

Witness Signature (Must be an original signature) Date

Disclaimer: This Opt-Out Suggested Statement of Patient Rights serves as an example, not as a recommended template for your specific situation. Please consult with your own advisors, including legal counsel, for assistance in creating your own Rights and Responsibilities Statement.