

**INDIVIDUAL HEALTH INFORMATION
EXCHANGE OPT IN**

Patient Label

If you have opted-out of any of the health information exchanges, and you would like to enroll, please indicate which exchanges you would like to participate in and sign the form below. For questions about the health information exchanges or the opt-in/out process, please email the privacy office at privacy@foundationhealth.org or call us at (907) 458-6986.

Fairbanks Memorial Hospital Related Exchanges: If you opted-out of any of the following exchange(s), you may Opt-Back-In to the following by checking the associated box.

☐ Surescripts HIE

☐ CommonWell HIE

Tanana Valley Clinic Related Exchanges: If you opted-out of any of the following exchange(s), you may Opt-Back-In to the following by checking the associated box.

☐ TVC NextGen Carequality/Surescripts HIE

Porter Heart and Vascular Center Related Exchanges: If you opted-out of any of the following exchange(s), you may Opt-Back-In to the following by checking the associated box.

☐ PHVC NextGen Carequality/Surescripts HIE

HealtheConnect Alaska HIE: If you opted-out of this exchange, and you wish to Opt-Back-In, you may do so by visiting their website at <https://www.healtheconnectak.org/index.php/who-we-serve/patients/patient-resources>, clicking on the Consent Form download button, then completing and submitting the HealtheConnect Alaska Health Information Exchange Opt-In Form.

I hereby acknowledge and agree as follows – I understand that:

1. Once this Opt-In goes into effect, I can change my decision only by submitting an Opt-Out form to FHP.
2. This request, and any future requests to Opt-Out, can take up to 5 business days to take effect.

Please Complete the Following (this information is being collected to uniquely identify you, and so we can communicate questions or updates to you):

Patient Name (Last)	Patient Name (First)	Middle Name/Initial	
Previous Name (Last)	Previous Name (First)	Patient Date of Birth	
Email Address	Last 4 digits of SSN	Primary Telephone Number () -	
Mailing Address, Street	City	State	Zip Code
<i>*If you are acting as a representative/proxy in order to Opt-In another person, please fill out the section below:</i>			
Representative Name (Last)	Representative Name (First)	Representative's Relationship to Patient	
Representative Email Address	Representative Telephone Number () -		

Patient/Representative Signature

Printed Name

Date

Time



7785 Consents

Health Information Exchange: **Participation or Opt Out**

In an effort to provide you the safest and best care possible Foundation Health Partners (FHP) participates in several Health Information Exchanges (HIE). HIEs allow health care professionals to appropriately access and securely share medical information electronically.

Sharing this information enables your FHP health care provider to confidentially provide vital medical history with another participating health care provider, no matter where you're receiving care. HIEs offer a safe, effective way of sharing your information, allowing your provider to take care of your unique medical needs. Participation in these HIEs is voluntary and you can easily opt out any time.

Participation allows authorized health care providers who share in FHP's HIEs to electronically access and share health information as set forth below, unless you opt-out:

- Health information that is shared through HIEs is the most current information available and may include information related to treatment you received from any provider who is connected, either directly or indirectly, to the FHP HIEs, including out-of-state providers.
- The health information that will be shared through HIEs includes information about your diagnoses, test results (like x-rays or laboratory), and medications.
- Every effort is made to restrict sensitive information such as HIV test results, mental/behavioral health records, controlled substance treatment programs, and genetic/hereditary test results.

If you would like to opt-out of any of the HIE that FHP participates in, please request, complete, sign and return the FHP Individual Health Information Exchange Opt Out form.

To learn more about Health Information Exchanges visit:

https://www.foundationhealth.org/health_information_exchanges

¹ An important exception to this is the Emergency Department Health Information Exchange (EDIE), which will be, as of January 1, 2020, mandatory for Alaska residents.