



SACVALLEY MEDSHARE

The Health Information Exchange
for California's North Central Valley

P.O. Box 9217
Chico, CA 95927-9217

Health Information Exchange Opt-Out Request

What is an HIE?

A health information exchange (HIE) is an online platform that permits the storing and sharing of a patient's health information electronically by a substantial number of healthcare providers in a local community for the important purposes of providing continuity of care to their respective patients and managing related health care activities. SacValley MedShare (SVMS), a California non-profit public benefit organization operates an HIE among several local communities. In the event a patient needs health care outside of such communities, SVMS also securely exchanges health information with other HIEs. In addition to healthcare providers, others who may have access to health information stored in a HIE may include public health departments and health plans, as permitted under federal privacy law. Exchanging information electronically is a faster way for your healthcare providers to share your health information among them. For example, if you go to a hospital emergency room that participates in the SVMS' HIE, the emergency room physicians would be able to immediately access your health information contained in the HIE and thereby aid them in providing emergency care to you. In operating a HIE, SVMS is required to comply with certain state and federal laws and rules that protect the privacy and security of your health and personal information.

How can I opt-out of having my healthcare providers access my health information in the SVMS HIE?

If you do not want anyone – including your healthcare providers or any emergency department – to have access to your health information in SVMS' HIE, please complete the opt-out form below, place it in a secure envelope, and return it to SVMS at the address provided. By mailing the completed opt-out form, you are requesting that SVMS no longer permit your health care providers - including emergency care providers - to have any access to your health information contained in the HIE. **Your request will be acted upon within approximately five (5) business days after receipt by SVMS, and will only apply to access after such date.** You are welcome to opt back in at any time by completing an Opt-Out Revocation Form that can be downloaded from <http://sacvalleyms.org>. However, any opt-back-in request from you may take up to five (5) business days after receipt by SVMS to be in effect. Also, SVMS may not have current health information to make available to your health care providers for some time after the effective date.

Please fill out the next page to complete your Opt-Out Request.



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Please print legibly. Asterisk (*) indicates required information.

*** Healthcare Clinic, Facility, or Organization Name:**

*** First Name:**

*** Last Name:**

*** DOB: (mm/dd/yyyy)**

Social Security Number:

Telephone Number:

Sex: Male Female Other *(check one box only)*

Mailing Address (Street Address, City, State, Zip Code):

*** Signature:**

*** Date:**

*** Authorized Representative (Please Print):**

*** Relationship to Patient**

SVMS must be able to confirm the validity of "Authorized Representative" status through the Clinic, Facility, or Organization listed on this form.

Mail To: **SacValley MedShare, PO Box 9217, Chico CA 95927-9217**