

METROCHICAGO HIE ELECTION

BETTER ACCESS TO YOUR RECORDS FOR BETTER CARE. Franciscan St. James Health (“St. James”) participates in the MetroChicago Health Information Exchange (“MetroChicago HIE”) to make patient information available electronically to participating hospitals, doctors and other authorized users. We expect that using the MetroChicago HIE will provide faster and more complete access to your health information so we can make better informed decisions about your care. St. James and other participants in the MetroChicago HIE may share your information to the extent permitted under privacy laws to treat you, seek payment for your care, satisfy legal requirements (such as public health reporting) and conduct health care operations including quality evaluations and developing clinical care guidelines. Patient information may be disclosed to, used by and transmitted through MetroChicago HIE and its participants and authorized users to conduct these activities.

PARTICIPATION IN THE METROCHICAGO HIE. Health care providers may legally use and disclose most of your health information for treatment, payment and health care operations (as defined in the federal privacy laws and regulations) without your specific authorization. This information may include, but is not limited to, HIV/AIDS information, genetic testing information, mental health or developmental disability information (such as diagnosis and medications) (“Health Information”). Unless you opt-out of the MetroChicago HIE, Health Information may be available through the MetroChicago HIE. **We will not deny you treatment if you opt out**, but if you opt out we may not be able to share your relevant health information through MetroChicago HIE with other providers involved in your care.

PRIVACY AND SECURITY. The MetroChicago HIE is structured to comply with federal and state privacy and security laws. Our use of the MetroChicago HIE is limited to authorized users who confirm that they will comply with these laws.

YOU MAY “OPT-OUT” TO MAKE YOUR INFORMATION UNAVAILABLE THROUGH THE METROCHICAGO HIE. Your choice to opt-out of the MetroChicago HIE will not affect your ability to receive medical care. If you opt-out, MetroChicago HIE will block access to all of your health information through its system (including information submitted by other participants in the MetroChicago HIE), **even for emergency treatment.**

HOW TO OPT-OUT. To opt-out, you must complete this form and return it to us. Access to your information that had already been provided to MetroChicago HIE will be blocked approximately 24 hours after MetroChicago HIE receives the opt-out notice and will apply to information from all participants and other authorized users. If you reverse your opt-out later, information from the period during which you had opted-out may be available through the MetroChicago HIE.

ELECTION (please initial next to election below):

_____ I would like St. James to share my Health Information with MetroChicago HIE for use and redisclosure by it and other participants and authorized users in the MetroChicago HIE for treatment, payment and health care operations. I understand that it may include medical and billing records with my name, age, address, diagnosis, test results, medications and services provided. **If this is an election to reverse my prior opt-out**, I understand the following statements and provide the identifying information below:

- I have previously chosen to opt-out of the MetroChicago HIE and completed an Opt-Out Form.
- I have now decided to reverse my opt-out so that all of my health information, including health information from when I had opted-out of the MetroChicago HIE, may be available using the MetroChicago HIE.
- I authorize St. James and MetroChicago HIE to reverse my previous opt-out request.
- I understand that I may again opt-out of the MetroChicago HIE in the future by completing a MetroChicago HIE Opt-Out Form that can be obtained from any other MetroChicago HIE participant and completing a new Election and Consent form for St. James

_____ I elect to **opt-out** of the MetroChicago HIE. I understand the following statements and provide the identifying information below:

- I have decided to opt-out, meaning that all of my Health Information will be unavailable using the MetroChicago HIE, even in an emergency. I may later reverse my opt-out decision in order to make my Health Information available through the MetroChicago HIE by completing a MetroChicago HIE Reverse Opt-Out Form available from any MetroChicago HIE participant.
- This form is not effective with respect to any other health information exchange.



METROCHICAGO HIE ELECTION
SIGNATURE OF PATIENT OR AUTHORIZED REPRESENTATIVE

YOU ARE ENTITLED TO A COPY OF THIS ELECTION AFTER YOU SIGN IT.

First Name	Middle Name	Last Name	Email
Street Address	City	State	Zip Code
Date of Birth (month/day/4 digit year)	Sex	Telephone number(s)	
Signature of patient		Date	
Signature of personal representative of patient (if authorized to elect on behalf of patient)		Date	
<p>If personal representative signed, check one of the boxes below to describe the relationship of the personal representative to the patient and provide the additional information regarding the personal representative</p> <p><input type="checkbox"/> Parent of minor patient <input type="checkbox"/> Guardian of patient <input type="checkbox"/> Other, explain: _____</p>			
_____	_____	_____	_____
First Name	Middle Name	Last Name	Email
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____	_____	_____
Date of Birth (month/day/ 4 digit year)	Sex	Telephone number(s)	
_____	_____	_____	

Internal use only: processed by _____