



## PATIENT OPT-IN REQUEST INFORMATIONAL SHEET

### **What is the HIE?**

The Hoag Memorial Hospital Presbyterian-enabled Community Health Information Exchange (HIE) provides a fast and secure way for doctors and other health care related entities like laboratories and pharmacies to share certain types of health information, such as lab results and radiology reports. The HIE is not a complete medical record of your health history. It provides a simple way for authorized health care providers to access patient medical information, thereby helping them to provide you with the best care possible.

### **Participation in Hoag's HIE**

Patients who want their medical information to be accessible to authorized health care providers through Hoag's HIE may choose to participate. If you decide to Opt-In, health care providers will be able to access your health information through Hoag's HIE. This means that, among other things, your health information will be available to emergency personnel, even during life-threatening emergencies.

If you do want to participate in Hoag's HIE, please complete the Opt-In Request Form and mail it to:

Health Information Exchange,  
One Hoag Drive, PO Box 6100  
Newport Beach, CA 92658  
Telephone: (949)764-5151  
Fax: (949)764-4295

### **How Does Hoag's HIE Help You and Your Doctor?**

#### **Hoag's HIE Is Fast and Secure**

Hoag's HIE is a fast and secure way for your doctor to locate your most up-to-date medical information. Only health care providers with a valid reason will be allowed to access your medical information. Information will be available to Hoag's Emergency Department health care providers that could help save your life in a medical emergency. Hoag's HIE also helps to safeguard your medical information in the case of an emergency like a fire or earthquake.

#### **Hoag's HIE Protects Privacy**

Hoag's HIE protects your privacy better than paper records by keeping track of who has looked at your information. Hoag's HIE does not allow employers or health insurance companies to access your medical information.

#### **Hoag's HIE Improves Your Care**

Hoag's HIE allows your doctor to have immediate access to a variety of medical information - information that can help your doctor make better decisions about your care. Accessing lost records through Hoag's HIE may also prevent your doctor from having you repeat tests, saving you time, money and worry.



### PATIENT OPT-IN REQUEST FORM

Please initial that you have read and understand each of the following statements:

Initials: \_\_\_\_\_ I have read and understand the Patient Opt In Request Informational Sheet that has been provided to me.

Initials: \_\_\_\_\_ I understand that participating in Hoag’s HIE means my medical information will be accessible to health care providers, including emergency personnel, through a query or expanded query of Hoag’s HIE.

Initials: \_\_\_\_\_ I hereby authorize Hoag’s HIE to allow query access to my medical information in Hoag’s HIE.

Initials: \_\_\_\_\_ I understand that I may choose to OptOut again at any time by contacting Hoag’s Health Information Exchange Department

**Please provide the following information:**

First Name	
Middle Initial	
Last Name	
Date of Birth	
Street Address	
City	
State	California
Zip Code	
Daytime Phone Number	
Email Address	

Patient  
Signature: \_\_\_\_\_ Date \_\_\_\_\_

(If under 18 years of age, signature of parent or legal guardian)