

North Carolina Health Information Exchange Authority Patient Opt-Out Information

Updated 8/29/2023

The North Carolina Health Information Exchange Authority (NC HIEA) is operating North Carolina's Health Information Exchange, now called NC HealthConnex. NC HealthConnex is a secure, electronic network that allows participating medical providers to share your health information with one another. This enables participating physicians, hospitals, laboratories, pharmacies, and other health care providers to have access to important medical information about you that can assist them in making critical medical decisions for you.

Your Patient Record

Your patient record in NC HealthConnex will include information about your medications, allergies, laboratory results, and other information gathered during your encounters from your health care provider. Your record will also include your demographic data to help identify you when you visit different health care providers across the state. It will not include any information about you that federal law prohibits sharing without your express authorization, like psychotherapy notes and substance abuse treatment records.

Benefits of NC HealthConnex

What does it mean to be a part of the NC HealthConnex network? As a patient, it means having peace of mind in visiting a new health care provider's office if they are participating in NC HealthConnex. If your information has been uploaded before, your new provider will be able to access that data. This means they can spend less time taking down your history and spend more time treating you.

Participating in NC HealthConnex is even more important if you visit an emergency department at a participating hospital and you are unable to provide critical information about your current health status to hospital staff, including your diagnoses, medications, and allergies.

Who Can See My Record?

Only participating health care providers and other HIPAA covered entities that have signed contracts with the NC HIEA will be able to access your medical information through NC HealthConnex. Your NC HealthConnex data may also be provided to third parties who have entered into contracts with the NC HIEA for limited purposes (i.e., the NC Department of Public Health for immunizations). These contracts ensure that all relevant privacy statutes and regulations are followed in how your health information is viewed, used, and shared. The NC HIEA also has the power to audit the use of patient information by each participating practice and each third party to ensure the law is being followed.

Right to Opt Out of NC HealthConnex

You have the right to opt out of having your information shared between providers through NC HealthConnex. If you choose to opt out, please fill out the form on the following page and mail it to the NC HIEA. Opting out of NC HealthConnex will not adversely affect your treatment by your physician and you cannot be discriminated against if you to decide to opt out. You can also use the form to rescind a previous opt out if you change your mind. However, your information may also be shared as required or permitted by law, for instance, for public health purposes.

Please note that the NC HIEA will only process opt out forms that are signed by adults over the age of 18. If you are under the age of 18 and have not gone through the legal process to become emancipated, you must have a parent or legal guardian sign the opt-out form.

If the information you provide to the NC HIEA on a Patient Opt-Out Form changes (for example your name or address changes) then you will need to submit a new Patient Opt-Out Form to the NC HIEA to ensure your opt out is applied to all of your information.

The information presented is not legal advice and is not to be acted on as such, may not be current, and is subject to change without notice.



North Carolina Health Information Exchange Authority Patient Opt-Out Form

Please complete <u>one</u> box and the information requested below, and mail to: NC HIEA, Attn: Opt-Out Processing, 4101 Mail Service Center, Raleigh, NC 27699-4101 Please include a return address on the mailing envelope.

Opt-Out: The NC	HIEA may no	ot share any of m	y health inform	ation.	
By completing and sign my right to opt out of HealthConnex. I unders to submit a new Patien information. I also un circumstances pursuan information provided Exchange Authority h	of having my stand that if the it Opt-Out For derstand that t to HIPAA ar to me is no	data shared be information I prover my with my current my personal he nd NC law, such a legal advice a	etween participaride on this Pation it information to alth information as reporting puter of I will hold	ating health care pro ent Opt-Out Form chan ensure my opt out is may be accessed a blic health threats. I u the North Carolina I	viders through NC ges, then I will need applied to all of my nd used in certain nderstand that the lealth Information
Signature of Patient or Parent/Legal Guardian			Date		
Print Name					
Rescind Opt-Out: By completing and sign providers through NC H	ing this form,	I am allowing my I	nealth informatio	on to be accessible to r	
Signature of Patient or l	Parent/Legal	Guardian	Date		
Print Name					
Please complete all o out rescission. Incom				equesting the opt-ou	t or the opt-
First Name of Patient		Middle Name		Last Name	
Street Address			Mailing Addr	ress	
City	State	Zip	City	State	Zip
Date of Birth		Sex	Email		
() Primary Phone Numbe	ır	_	() Secondary F	Phone Number	



Please use the following fields to list previous addresses which may be required in order to positively identify your patient record in NC HealthConnex.

Street Address		
City	State	Zip Code
Street Address		
City	State	Zip Code
Street Address		
City	State	Zip Code
Street Address		
City	State	Zip Code
Street Address		
City	State	Zin Code