

Our organization uses Quality Health Network (QHN) for the secure exchange of electronic health information between authorized medical providers. QHN protects patient privacy by using security features that include encryption and multiple levels of password protection. QHN supports two separate and distinct services for the medical providers and healthcare facilities authorized to access secure information.

1. Health Information Exchange (HIE): The HIE is used to securely exchange health information including diagnostic testing results such as, lab and radiology results, medication history and insurance eligibility. Delivering results in this manner is the customary method of securely and accurately reporting your test results to your authorized medical provider(s).
2. Patient Summary Record (PSR): The PSR retrieves and displays a patient’s health information from all healthcare facilities and medical providers participating with QHN. A PSR creates a longitudinal (over-time) health record providing your primary care provider, your cardiologist, your surgeon, or other medical providers involved in your care, including emergency medical providers, access to your health information to provide you with the best possible healthcare.

You have the right to prevent your medical provider(s) from viewing your PSR information. This right is referred to as “Opt-Out”. If you choose to Opt-Out, you understand the following:

- That your medical provider(s) will **NOT** be able to access to the information in the PSR, even in the case of an emergency.
- That your medical provider(s) may continue to use the HIE to electronically exchange your health information including diagnostic test results as described above.

To Opt-Out, initial the two statements below and legibly fill in the personal information requested. Sign the form and give it to your medical provider for their signature. The Opt-Out will be complete once your identity is verified and the Opt-Out process is implemented in the QHN system. To reverse an Opt-Out request, complete a QHN Opt-In Form, available from your medical provider, or on the QHN website. Your treating provider(s) will be able to access your data once the Opt-In process is complete.

- **By signing this form I understand that my medical provider(s) will NOT be able to access my health information contained in the PSR, even in the case of an emergency.** _____ (Initial here)
- **After signing this form, I understand that my medical provider(s) may continue to use the HIE to electronically exchange my health information including diagnostic test results as described above.** _____ (Initial here)

Patient first name (include complete name)	
Patient middle name	
Patient last name	
All previous names and/or nicknames	
Date of birth (mm/dd/yyyy)	
Mailing address	
City, State, Zip Code	
Contact phone number	

Signature of Patient _____ Date: _____

Signature of QHN Medical Provider _____ Date: _____

By my signature, I affirm that the patient has been informed of all information set forth above.