

## CANCELLATION OF PRIOR HIE OPT-OUT FORM

Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

I hereby acknowledge and agree as follows:

1. I WISH TO cancel my prior decision to Opt-Out of the NJSHINE HIE and I know specifically authorize my information maintained in the NJSHINE HIE to be electronically available to my providers;
2. I UNDERSTAND that by making this selection, now ALL of my authorized providers who participate in the NJSHINE HIE or are connected to the NJSHINE HIE will have access to my health information maintained in the NJSHINE HIE;
3. I UNDERSTAND that by making this selection, my health information may be accessible by other HIEs with whom the NJSHINE HIE participate;
4. I UNDERSTAND that this cancellation can only be changed if I specifically submit a new NJSHINE HIE Opt-Out form;
5. I have had an opportunity to have all my questions regarding this cancellation or prior NJSHINE Opt-Out and others answered; and
6. This request can take 2 business days to take effect.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If Legal Rep, state Authority \_\_\_\_\_

## How do I sign up?

There is no need to do anything further. Your health information is automatically stored in the NJSHINE HIE and will be made accessible to HIE participants unless you decide to opt out.

If you do not want your health care information to be electronically accessed through the NJSHINE HIE, you must submit a completed NJSHINE HIE OPT OUT form, which is attached to this brochure and can be downloaded at [www.caperregional.com](http://www.caperregional.com). I understand that by making this selection, **OTHER** health care providers will not be able to access my health information maintained anywhere on the NJSHINE HIE, even in the case of a medical emergency. Your providers will need to share your information with each other in the same way they have in the past, such as by telephone, fax or mail.

If you previously submitted an NJSHINE HIE OPT OUT FORM but have now changed your mind, you must complete, sign and submit a form which will cancel your previous decision to opt out. The cancellation form can be found attached to this brochure or downloaded at [www.caperregional.com](http://www.caperregional.com).

## I still have questions. Who do I contact?

If you have additional questions about the NJSHINE HIE, please contact Cape Regional Medical Center's Privacy Officer at (609) 463-2076 or click on our website at [www.njshine.org](http://www.njshine.org).

This brochure is being provided for informational purposes only. The statements within do not provide a warranty of any kind, expressed or implied. Neither NJSHINE or any other third party guarantee a specific outcome as a result of any person's use or participation in the NJSHINE HIE or any other connected HIE.

# NJSHINE

## Health Information Exchange

We all know that managing our health is important, but at times it can be complex and confusing. With dozens of doctors, hospitals, specialties and testing facilities, we all have a lot of health records in a variety of places. But now that health care providers are moving from paper to digital records, managing your health information is a lot easier.

Here in Southern New Jersey, NJSHINE can help you and your caregivers manage and access your medical information more easily. Using digital records, your health information can now be shared in a safe and secure Health Information Exchange (HIE).



## What is an HIE?

The NJSHINE Health Information Exchange is a completely secured warehouse of digital medical information. It allows your hospitals, doctors and other providers to electronically share your personal health information with each other quickly and securely. Information could include reports about your illnesses, injuries, allergies, medicines and test results. With quick and easy access to this information, your providers can improve the way they offer care and possibly avoid serious events such as adverse drug or allergic reactions.

## How will my information be used?

Your personal health information that is stored in the HIE is used only for treatment, payment and operational functions. You can rest assured that NJSHINE is diligently following federal and state laws that limit how your information can be used or disclosed through the HIE.

## How does the HIE work?

Your health information stored in the exchange can instantly be shared digitally. For instance, your x-ray results can be sent electronically from an imaging center directly to your physician who ordered them. However, in order to access this information, your providers must be authorized and follow the same federal and state regulations that protect your privacy. All of your personal health information stored in the HIE passes through secure NJSHINE servers.

## Who can access my records?

Only your providers who are treating you and their associated staff who are specifically given rights to the NJSHINE HIE can access your records. You can access a list of the current providers participating in the NJSHINE HIE here: [www.njshine.org](http://www.njshine.org).

## How secure is the NJSHINE HIE?

NJSHINE uses a variety of special security features, including data encryption, to make sure your information is secure and to prevent your records from being accessed by anyone who is not authorized to view them.

## What about my “sensitive” information?

Some people may have extremely sensitive information in their medical records such as information about HIV/AIDs, venereal diseases, behavioral health treatment or genetic testing. This information is restricted by more

protective state and federal laws and requires your permission to be shared with providers not involved in treating you for that particular condition. This information may be stored in NJSHINE. However; should you wish this information not to be stored in NJSHINE, you may OPT-OUT for that episode of care. Please see the OPT-OUT section of this brochure for further information.

## What can the HIE do for me?

Technology has changed the way we shop, bank, work and communicate. Now it’s changing the way health care is provided. With paper medical records, it can be challenging for your doctors to work together to coordinate your care.

Through the NJSHINE HIE, providers involved in your medical care can share information about your overall health, including history of illnesses or injuries, allergies, test results and lists of medicines.

If you see multiple doctors who participate in the NJSHINE HIE, they may see a more complete picture of your health and that can help them make more informed treatment decisions and coordinate your care more efficiently.

## Other Connected HIEs

NJSHINE will also be creating secure connections to health care providers who participate in other community-based HIE networks. For example, if you’re being treated by two doctors – one who participates in the NJSHINE HIE and one who participates in another HIE – both doctors could share your information through a secure connection to better coordinate your care.

NJSHINE’s HIE will not connect to any other HIEs unless they meet our high standards for privacy and security.

## Can I access my own medical records?

With the NJSHINE HIE, your medical records are only available to participating health care providers, for instance, the doctor who is treating you. You can often obtain copies of your medical records directly from your health care providers, and you may want to contact them for more information. If you require legal paper documentation of your medical records, you should also contact your provider directly.

You may also be able to access a sub-set or portion of your medical record online through a patient portal. These may be provided by the health systems and hospitals participating in NJSHINE, as well as some physician offices.

## NJSHINE HIE OPT-OUT FORM

Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

I hereby acknowledge and agree as follows:

1. I wish to **OPT OUT OF THE NJSHINE HIE**. I UNDERSTAND that my providers who originally generated information about me **will continue to have access** to my information, but only in the medical record that they created for me, or by obtaining it via previously established methods;
2. I understand that by making this selection, **OTHER** health care providers will not be able to access my health information maintained anywhere on the NJSHINE HIE, even in the case of a medical emergency;
3. I UNDERSTAND that this **HIE Opt-Out** will NOT allow NJSHINE to make my health information available to other connected HIEs with whom NJSHINE participates, even in cases of a medical emergency;
4. I UNDERSTAND that this HIE Opt-Out does NOT cover or effect my opting out of any other HIE. I UNDERSTAND that if I wish to opt-out of another HIE, I am responsible for approaching my provider who participates in another HIE about how I can that;
5. My HIE Opt-Out selection will remain in effect unless I change it in writing;
6. I UNDERSTAND that once this HIE Opt-Out goes into effect, I can change my mind only by submitting a Cancellation of Prior NJSHINE HIE Opt-Out form;
7. I have had an opportunity to have all of my questions about this HIE Opt-Out, and any others answered;
8. Any information that is disclosed before I submit this HIE Opt-Out cannot be taken back and will remain with my provider who may have accessed such information before this Opt-Out went into effect; and
9. This request can take up to two business days to take effect.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If Legal Rep, state Authority \_\_\_\_\_