

## Returning the Patient Rights Forms: Ensuring Your Organization or Practice is Identified

Arizona law requires that all participants of a health information organization, Health Current, (a Contexture company), provide their patients with a Notice of Health Information Practices that informs them of their rights regarding the secure sharing of their health information. Patient options or decisions regarding these rights are captured in the following Patient Rights forms:

- **Opt Out Form** – documents a patient’s decision to opt out of having his or her health information available in the health information exchange (HIE).
- **Opt Back In Form** – documents a patient’s decision to opt back in to having his or her health information available in the HIE.
- **Health Information Request Form** – documents a patient’s request to receive a copy sent via certified mail of his or her health information that is available in the HIE and/or a list of providers who have viewed the patient’s information in the HIE.

**With all Patient Rights forms, it is essential the **Provider Office Only** section is completed at the bottom of these forms prior to sending via secure fax to ensure compliance with the patient’s decision or request. **Secure fax numbers: (602) 324-5596 or (520) 300-8364.****

Health Current allows HIE participants to pre-fill the Provider Office Only information at the bottom of the Patient Rights forms. Health Current highly recommends that your organization or practice pre-fill these forms to ensure we know where a form originated. Health Current also offers HIE participants the option to insert their organization or practice logo and/or contact information at the top of the forms. This allows HIE participants to brand these forms and offers an additional way for Health Current to identify your organization or practice.

Generic Patient Rights Forms and information are available by visiting [contexture.org](http://contexture.org) and clicking on the Resources/HIE Onboarding- AZ tab on the top menu.

### Steps to Pre-Fill the Provider Office Only Section of the Patient Rights forms:

1. Complete the Provider Office Only section at the bottom of each form to ensure it has been validated by the organization or practice.
2. The signature must be hand-signed – an electronic signature is not acceptable.
3. The date must be printed – this should be the same date the patient completed the form.
4. The forms must be returned within three (3) business days of a patient’s decision via secure fax to Health Current. **Secure fax numbers: (602) 324-5596 or (520) 300-8364**
5. The Provider Office Only section includes the following fields that can be pre-filled:
  - a. Organization or Provider Name
  - b. Print Name (must be the same person who will be signing the form)
  - c. Phone Number

6. Save the form with the Provider Office Only section completed to your desktop.
7. Repeat the same process for the remaining Patient Rights forms.

**Provider Office Only:** This section must be completed before sending via secure fax to Health Current.

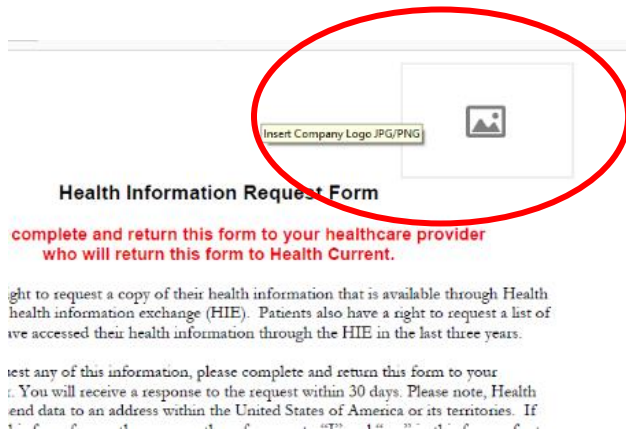
Organization/Provider: INSERT ORGANIZATION OR PROVIDER NAME

Print Name: PRINT NAME OF PERSON SIGNING FORM DATE: \_\_\_\_\_

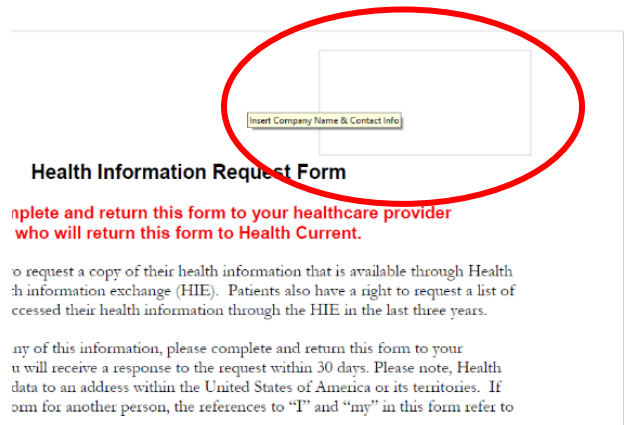
Signature: \_\_\_\_\_ Phone: ENTER PHONE NUMBER

**Steps to Insert Your Logo or Organization/Practice Name and Contact Information:**

1. Request the Patient Rights forms above from your account manager. Your organization or practice has the option of adding your logo or typing in your contact information at the top of each of the forms.
2. To add your logo, click on the box in the upper-righthand corner (F1). To add your organization/practice name and contact information to the top of the form, click on the box in the upper-righthand corner and your curser will appear (F2).

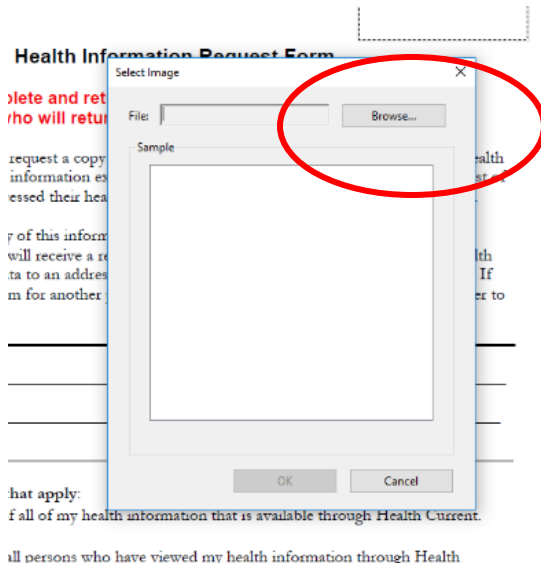


F1: Insert Logo

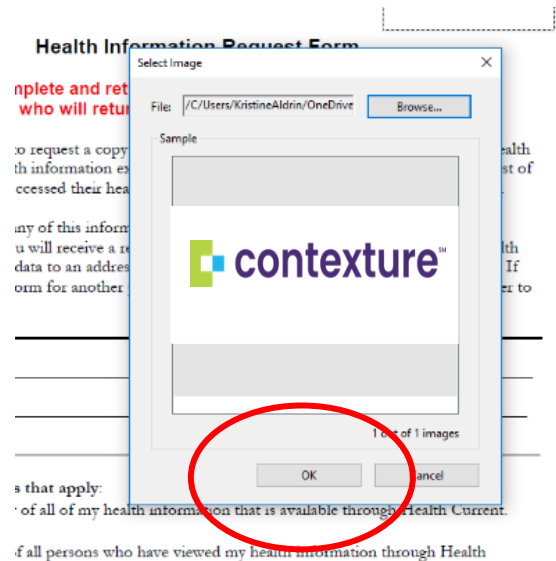


F2: Type Contact

Click the Browse button to select your JPG or PNG logo from your desktop (F3). Once you select your JPG or PNG logo, it will automatically be displayed in the Sample window and will be automatically resized to fit into the box in the upper-righthand corner (F4).

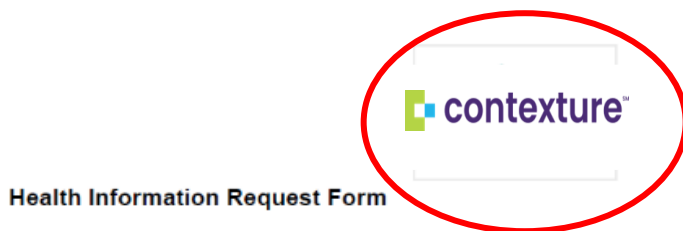


F3: Browse - Insert Logo



F4: Logo Displayed

3. Click OK to insert your logo into the box (F5). Or type your organization/practice name and contact information in the box in the upper righthand corner (F6).



Health Information Request Form

**Complete and return this form to your healthcare provider who will return this form to Health Current.**

To request a copy of their health information that is available through Health information exchange (HIE). Patients also have a right to request a list of accessed their health information through the HIE in the last three years.

Any of this information, please complete and return this form to your healthcare provider who will receive a response to the request within 30 days. Please note, Health Current is only available to individuals residing in the United States of America or its territories. If you are a resident of another country, please contact your healthcare provider for more information.

F5: Logo



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F6: Contact Information

4. Save the form with your logo or organization/practice name and contact information to your desktop.
5. Repeat the same process for the remaining Patient Rights forms.