

# Patient Rights Process

The Patient Rights Process is a simple and basic part of providing patient rights regarding health information exchange under Arizona law. Please follow these steps below to implement this process. If you have questions, please see the Frequently Asked Questions or email [hiesupport@contexture.org](mailto:hiesupport@contexture.org).

Distribute the Notice of Health Information Practices to every patient<sup>1</sup>

Obtain patient's signature acknowledging that he or she has received and read the notice<sup>2</sup>

YES

Did the patient make a request?

NO

Possible Patient Requests<sup>3</sup>:

1. Opt out
2. Opt back in
3. Request for information

Provide appropriate pre-filled form to your patient<sup>4</sup>

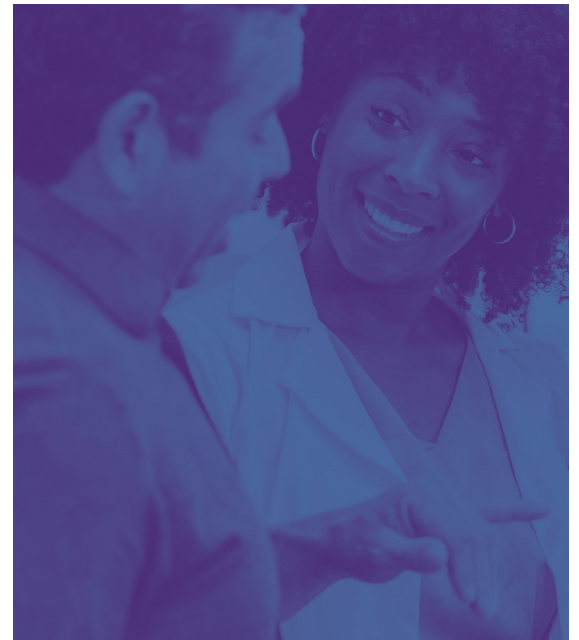
Patient returns the completed form to the provider

Provider must complete the Provider Only section at the bottom of the form<sup>4</sup>

Provider sends form via secure fax within 3-business days to:  
**(602) 324-5596 or (520) 300-8364**

Patient Rights Process is complete

Note: More than 9 out of 10 patient encounters end here.



# Patient Rights Process

1. The Notice of Health Information Practices (The Notice) is very similar to the HIPAA Notice that is provided to every patient and should be provided to the patient at the same time.
2. Patient acknowledgment language: The following sample language in English or Spanish can be added to a provider's HIPAA Notice of Privacy Practices acknowledgment form, conditions of admission/treatment form, or a separate form that acknowledges the Provider participates in Contexture, Arizona's health information exchange (HIE).

*"I acknowledge that I received and read the Notice of Health Information Practices. I understand that my healthcare provider participates in Contexture, Arizona's health information exchange (HIE). I understand that my health information may be securely shared through the HIE, unless I complete and return an Opt Out Form to my healthcare provider."*

*"Reconozco que recibí y leí el Aviso de Prácticas de Información de Salud. Entiendo que mi proveedor de salud participa en Contexture, el intercambio de información sobre la salud de Arizona (HIE - por sus siglas en inglés). Entiendo que mi información de salud puede ser compartida de forma segura a través del HIE, a menos que complete y regrese una Forma (Opt Out) sobre la opción de no participar del paciente a mi proveedor de salud."*

3. The three forms that should be available to capture a patient request regarding The Notice are:
  - a. **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).
  - b. **Opt Back In Form** – documents a patient's decision to opt back in to having his or her health information available in the HIE
  - c. **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.

Contexture can provide fillable PDF Forms and an instruction sheet to Providers to prefill the Provider Office Only section. 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.

If you have questions, please see the FAQ's available at [contexture.org](https://contexture.org) or email [hiesupport@contexture.org](mailto:hiesupport@contexture.org).