

Patient Rights Process

Distributing the Notice of Health Information Practices and responding to patient requests—such as opting out or requesting information—is a standard part of participating in the health information exchange (HIE). Follow the steps below to implement this process.

Distribute the Notice of Health Information Practices to each patient.

Obtain the patient's signature acknowledging receipt and review of the Notice.

YES

Did the patient make a request?

NO

Possible Patient Requests:

1. Opt out
2. Opt back in
3. Request for Disclosure Accounting or medical records*

Provide appropriate pre-filled form to your patient

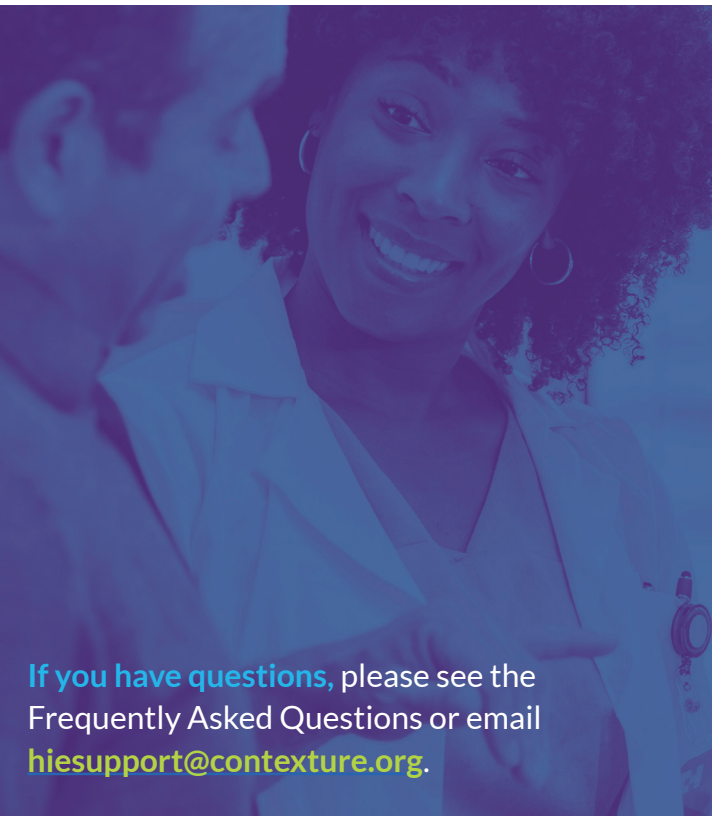
Patient returns the completed form to the provider

Provider must complete the Provider Only section at the bottom of the form

Provider sends form via secure fax within 15 calendar days to: through a help desk ticket or **(720) 285-3207**

Patient Rights Process is complete

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



If you have questions, please see the Frequently Asked Questions or email hiesupport@contexture.org.

*Request for Medical Records in the HIE will be fulfilled by the provider in accordance with their own records release policies. The provider may contact the Help Desk for assistance.

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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'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. 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 following forms support patient requests related to the Notice:
 - 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 provides the Forms on our webpage. Participants must complete the entire form prior to sending via a Help Desk ticket or secure fax (720) 285-3207 to ensure compliance with the patient's decision or request.

Additional implementation guidance is available in the HIE Participant Policy Manual. If you have questions, please see contexture.org or email hiesupport@contexture.org.

