



Carequality Patient Opt-Out Info

What is Carequality?

Carequality is a nationwide health information exchange (HIE). The HIE allows doctors, nurses, pharmacists, other health care providers to securely share a patient's vital medical information electronically. The purpose is to improve patient care by making sure doctors, hospitals and other health care providers have a complete and recent picture of your health when and where it is needed for your treatment or care.

How does Carequality help me?

Health care is about you, the patient. Your medical history is unique to you. That's why every doctor or health care provider wants details of your medical history at every visit. It is also important to have this information so the doctor can make good decisions. Your health information is now shared by health care providers by fax, telephone or mail or through limited computer networks. These methods often take time. Information shared through Carequality can be located in minutes, giving your provider a more complete and accurate record.

How does Carequality work?

Upon arrival to a participating Carequality network provider, the internal system queries the framework and the external system returns the available information. In other words, if you are seen by a hospital or physician in the Carequality network, your records will be available at your next visit.

What information will be shared?

Your patient record will include your medications, vaccinations, allergies, current and past test results, and summaries of your past and current health problems. It will not include psychotherapy notes or other information that requires your specific authorization to release under federal law.

Who can see my health information in Carequality?

Only authorized users of Carequality are allowed to look at your health information. These include: doctors, hospitals, or other providers who have enrolled in Carequality and are providing a medical service or care to you. Carequality follows all state and federal laws – including HIPAA – to keep your health information safe and private.

What if I do NOT want my information to be shared by Carequality?

You have the right to ask that your medical information not be disclosed or shared by the Carequality Framework. Your choice to opt-out of the health information exchange will not affect your ability to access medical care. If you wish to opt-out, please complete, sign and submit a "Request to Opt-Out" form to your provider to disable access to your health information. To obtain a copy of the "Request to Opt-out" form, please call 1-800-489-1307 to request a copy or visit our website at <https://lhcgroupprivacy.com/privacy/> to access the form. Submit the completed/signed form by fax to 1-833-944-0512, via email to hie.consent@lhcgroupprivacy.com or mail to :

Privacy Office

901 Hugh Wallis Road South
Lafayette, LA 70508

If I "Opt-Out," can I change my mind later? Yes. Fill out, sign and submit a "Request to Opt-Out/Reverse Opt-Out" form to your provider.



Request to Opt-Out/Reverse Opt-Out

You should complete this form if:

- 1) You wish to **Opt-Out and DO NOT** want your medical information shared through Carequality. The system will no longer allow access to any of your current or past medical information, even in a medical emergency, **OR**,
- 2) You have **previously submitted** a request to **Opt-Out** but have changed your mind and wish to **Opt-Back In** and allow the sharing of your medical information.

I choose to Opt-Out

I choose to Opt-Back In

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth (mm/dd/yyyy): _____ Last 4 Digits of SS#: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone number: _____

When I have selected to Opt-Out and submit this form, I understand that I am choosing for my health information to NOT be made accessible through Carequality except as permitted by law, even in the event of a medical emergency.

When I have selected to Opt-Back In and submit this form, I understand that I am choosing for my health information to be available through Carequality to healthcare providers involved in my care and treatment.

Signature of Patient or Authorized Representative Date

Date

Submit the completed form by:

- Fax to 1-833-944-0512
- Via email to hie.consent@lhcgroupp.com
- Mail to: Privacy Office
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