



## Notice of Health Information Practices

You are receiving this notice because your health care provider participates in an electronic information service offered by The Network, a nonprofit 501(c)(3) non-governmental organization operated by Arizona Health-e Connection (AzHeC). This service does not cost you anything and can help your doctor and health care providers better coordinate your care by *securely sharing your health information*. This notice explains how electronic information sharing works and will help you understand your rights regarding this service under Arizona law.

**If you would like your doctor and other health care providers to electronically and securely share your health information to better coordinate your care, YOU DO NOT NEED TO DO ANYTHING.**

Your information will automatically be shared with your health care providers, unless you decide to “Opt-Out.” (See *Your Rights Regarding Electronic Information Sharing*)

### **What does it mean to securely share information and how can it help you get better care?**

In a paper-based medical system, your medical tests or lab results are either mailed or faxed to your primary care doctor. But sometimes paper or faxed records are lost or don’t arrive in time for your doctor visit. With electronic information sharing, your doctors and other health providers are able to securely share your health information with each other in a safe and timely manner.

### **What medical information is available to be securely shared?**

Authorized medical practices will be able to share several types of health information about you, including but not limited to:

- Hospital: Admission and discharge information from hospitals that use the service
- Medical history
- Medicines you take
- Allergies – including allergies to medicines
- Lab test results and radiology reports
- Doctor visit information
- Health plan enrollment and eligibility

### **Who can view your medical information electronically?**

*Only people involved in your care have access to your information.* This may include doctors, nurses, and other care providers who are providing and coordinating your care. Your health insurer may also view your information to help coordinate or manage your care.

### **How is your medical information protected?**

The Network is required to follow federal law – the Health Insurance Portability and Accountability Act or “HIPAA” – to protect your private health information. People with access have a unique username and password and get training before they can see your information, so that they know how to protect it. In addition, the system records every time someone looks at your medical information, and you can ask for a list of who has viewed your information and when.

### **Are there additional security measures?**

Information is shared using secure, encrypted transmission.

## **Your Rights Regarding Secure Electronic Information Sharing**

**If you do nothing, your information may be securely shared with your health care providers.**

### **You have the right to:**

1. Ask for a copy of your medical information that is available to be shared. Just ask your health care provider and you can get a copy within 30 days or sooner.
2. Request to have any information corrected. If any information in the system is incorrect, you can ask that provider to correct the information.
3. Ask for a list of providers who have viewed your information. Contact The Network for a list of people who have viewed your information in the system. Please let The Network know if you think someone has viewed your information who should not have.

**You have the right under article 27, section 2 of the Arizona Constitution to keep your medical information from being shared electronically through The Network. Specifically, you may:**

1. “Opt-Out” of having your information available for sharing. To Opt-Out, you must ask your provider for the Opt-Out Change Form. After you submit the form, your information will not be available for sharing. Caution: There are risks in preventing your health care providers from sharing your health care information, especially in an emergency.
2. Choose to exclude some information from being shared. For example, if you see a clinician and you do not want that information shared, you can prevent it. On the Opt-Out Change Form, fill in the information and name of the provider for the information that you do not want shared. Caution: If that provider works for an organization (like a hospital or a group of physicians), all your information from that hospital or group of physicians may be blocked from view.
3. Change your mind at any time. If you say no today, you can change your mind at any time. If you do nothing today and allow your health records to be shared, you may “Opt-Out” in the future.

### **For questions or further information:**

Call (602) 688-7200 | Email: [thenetwork@azhec.org](mailto:thenetwork@azhec.org) | Visit [www.azhec.org](http://www.azhec.org)

3877 N. 7th Street, Suite 150 | Phoenix, Arizona 85014