# Notice of Health Information Practices

You are receiving this notice because your healthcare provider participates in a non-profit, non-governmental health information exchange (HIE) called Health Current. It will not cost anything and can help your doctor, healthcare providers, and health plans better coordinate your care be securely sharing your health information. This notice explains how the HIE works and will help you understand your rights regarding the HIE under state and federal law.

**How does Health Current help you get better care?**
In a paper-based records system, your health information is mailed or faxed to your doctor, but sometimes these records are lost or don't arrive in time for your appointment. If you allow your health information to be shared through the HIE, your doctors are able to access it electronically in a secure and timely manner.

**What health information is available through health Current?**
The following types of health information may be available:
- Hospital records
- Medical history
- Allergies
- Lab test results
- Radiology reports
- Clinic and doctor visit information
- Health plan enrollment and eligibility
- Other information helpful for your treatment

**Who can view your health information through Health Current and when can it be shared?**
People involved in your care will have access to your health information. This may include your doctors, nurses, other healthcare providers, health plan and any organization or person who is working on behalf of your healthcare providers and health plan. They may access your information for treatment, care coordination, care or case management, transition of care planning, payment for your treatment, conducting quality assessment and improvement activities, developing clinical guidelines and protocols, conducting patient safety activities, and population health services. Medical examiners, public health authorities, organ procurement organizations, and others may also access health information for certain approved purposes, such as conducting death investigations, public health investigations and organ, eye or tissue donation and transplantation, as permitted by applicable law.

Health Current may also use your health information as requires by law and as necessary to preform services for healthcare providers, health plans and others participating with Health Current.

The Health Current Board of Directors can expand the reasons why healthcare providers and others may access your health information in the future as long as the access is permitted by law. That information is on the Health Current website at healthcurrent.org/permitted-use.

You also may permit others to access your health information by signing an authorization form. They may only access the health information described in the authorization form for the purposes stated on that form.

**Does Health Current receive behavioral health information and if so, who can access it?**
Health Current does receive behavioral health information, including substance abuse treatment records. Federal law gives special confidentiality protection to substance abuse treatment records from some substance abuse treatment programs. Health Current keeps these protected substance abuse treatment records separate from the rest of your health information. Health Current will only share these protected substance abuse treatment records it receives from these programs in two cases. One, medical personnel may access this information in a medical emergency. Two, you may sign a consent from giving your healthcare provider or others access to this information.

**How is your health information protected?**
Federal and state laws, such as HIPPA, protect the confidentiality of your health information. Your information is shared using secured transmission. Health Current has security measures in place to prevent someone who is not authorized from having access. Each person has a username and password, and the system records all access to your information.

**<u>Your rights Regarding Secure Electronic Information Sharing</u>**
You have the right to:
1. Ask for a copy of your health information that is available through Health Current. To make this request, complete the Health Information Request Form and return it to your healthcare provider.

2. Request to have any information in the HIE corrected. If any information in the HIE is incorrect, you can ask your healthcare provider to correct the information.

3. Ask for a list of people who have viewed your information through Health Current. To make this request, complete the Health Information Request Form and return it to your healthcare provider. Please let your healthcare provider know if you thing someone has viewed your information who should not have.

   **You have the right under article 27, section 2 of the Arizona Constitution and Arizona revised statutes tittle 36, section 3802 to keep your health information from being shared electronically through Health Current:**
1. Except as otherwise provided by state or federal law, you may ''opt out'' of having your information shared through Health Current. To opt out, ask your healthcare provider for the Opt Out Form. Your information will not be available for sharing through Health Current within 30 days of Health Current receiving your Opt Out Form from your healthcare provider.
   **Caution:** If you opt out, your health information will NOT be available to your healthcare providers-even in an emergency.

2. If you opt out today, you can change your mind at any time by completing an Opt Back In Form and returning it to your healthcare provider.

3. If you do nothing today and allow your health information to be shared through Health Current, you may opt out in the future.

**IF YOU DO NOTHING, YOUR HEALTH INFORMATION MAY BE SECULRLY SHARED THROUGH HEALTH CURRENT.**

**I acknowledge that I received and read the Notice of Health Information Practices.  I understand that my healthcare provider participates in Health Current, 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.**

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**Signature**                                                    **Date**