

SCHIEx EXCHANGE Notice of Participation

Your doctor or health care provider is a member of the South Carolina Health Information Exchange (“SCHIEx”).

ABOUT SCHIEx EXCHANGE

SCHIEx makes it possible for your doctor to share your medical history, including medications, allergies, diagnoses, and procedures, with other doctors and health care providers involved in your care. It is a safe and secure network that makes sure your personal health information is available to your doctors and other health care providers when and where it is needed. SCHIEx does *not* keep or store your personal health information.

By allowing your doctors and other health care providers to use and share your personal health information through SCHIEx EXCHANGE:

- Your doctor will have more information available to make *even more* informed health care decisions at the time of your appointment.
- Your doctor may know better which tests or services you have already received, so you can avoid repeated or needless tests or services.
- Your doctors and other health care providers can better coordinate your health care. This can save you time and money by avoiding repeated or needless tests and doctor visits, paperwork, or appointment delays. Your health information is available when and where it is needed, whether it is a routine office visit or in case of an emergency.

HOW YOUR ELECTRONIC HEALTH INFORMATION MAY BE USED OR SHARED

Your privacy and your personal health information are protected by federal and state law. Those federal and state laws also govern the way your personal and electronic health information is used or shared through SCHIEx. Your doctors and other health care providers will use and share your electronic health information with other doctors and health care providers, *involved in your care*, through SCHIEx to provide, coordinate, or manage your health care and any related services.

This includes coordinating your health care with other health care providers who have signed on as members of SCHIEx and agreed to follow all of the SCHIEx policies and procedures.

SCHIEx EXCHANGE members may include health care providers licensed in the State of South Carolina, including medical doctors, dentists, chiropractors, optometrists, podiatrists, pharmacists, physician assistants, and nurse practitioners.

SCHIEx EXCHANGE members also may include organizations such as hospitals, ambulatory surgical facilities, home health agencies, pharmacies, case management providers, telemonitoring providers, health information exchanges and organizations within which eligible individuals practice.

- **EXAMPLE 1**

We would share your electronic health information, as necessary, through SCHIEx with another doctor who has requested to see your electronic health information to provide care to you.

- **EXAMPLE 2**

We may share your electronic health information from time-to-time with a doctor, or health care provider (for example a specialist, or laboratory) who, at the request of your doctor, becomes involved in your care by helping with your diagnosis or treatment or with whom you start a new treatment relationship.

- **EXAMPLE 3**

We may share your personal health information, as necessary, through SCHIEx with your pharmacist. Your pharmacist can track what drugs you take and prevent unwanted side effects or bad reactions when you are prescribed medications by more than one doctor.

We may also share your personal health information through SCHIEx with agencies that audit, investigate, and inspect health programs for the health and safety of the public. We may submit information as required by law, including but not limited to: data, quality reporting data, and communicable disease data to a state or federal agency.

- **EXAMPLE 4**

If you were diagnosed with the measles or mumps, we would share your personal health information, as required by law, SCHIEx to report your diagnosis to the S.C. Department of Health and Environmental Control. This helps DHEC work to prevent the spread of the disease to others in your community.

In emergencies, including any visits by you to an emergency department at a hospital that is a member of SCHIEEx, we will allow emergency doctors and nurses to see your personal health information so you may receive the most appropriate care.

Personal health information that may be shared includes your personal information that may identify you, general information, diagnoses, test results, prescriptions, claims data, and clinical notes.

PARTICIPATING IN SCHIEEX... OR NOT

You may 'Opt Out' of SCHIEEx. By opting out of SCHIEEx, your personal health information will not be shared through SCHIEEx. If you wish to opt out of SCHIEEx, you must ask for, complete, and sign an Opt Out form that tells us in writing that you do not want your personal health information included in or shared through SCHIEEx. Should you wish to opt out, and let us know in writing of your decision by giving us a signed Opt Out form, we will take steps to make sure your personal information cannot be viewed, used, or shared through SCHIEEx.

IMPORTANT!

Please understand that if you opt out, your personal health information will not be used or shared by **any** doctor or health care provider through SCHIEEx except where required by law. If you change your mind and wish to have your electronic health information shared through SCHIEEx, you may cancel your Opt Out. To cancel your Opt Out, you or your personal representative must complete, and submit a signed SCHIEEx form to the office staff stating that you allow us to share your electronic health information through SCHIEEx. We will use our best efforts to make all your electronic health information available through SCHIEEx. However, we cannot guarantee that all your personal health information will be available at that time.

You are required to sign this form, acknowledging that you have received this SCHIEEx Notice of Participation. If you choose to allow your providers to share your electronic health information, you don't need to do anything else.

If you choose to Opt Out of sharing your electronic information through SCHIEEx, please complete the information further down on this page.

Print Name

Date of Birth

Signature

Today's Date

Signature of Staff Member Executing Opt Out – Office Use Only

Date and Time Exec

Opt Out

I do not want my doctor or other health care providers to share my health information through SCHIEEx EXCHANGE. I understand that my electronic health information will not be shared for treatment, including in cases of emergency, through SCHIEEx EXCHANGE.

If you Opt Out today and change your mind tomorrow, next week, or even next year, talk to your doctor or a member of the staff about how to Cancel Your Opt Out so your health information may be shared through SCHIEEx EXCHANGE with other doc-tors and health care providers involved in your care.

Print Name

Date of Birth

Signature

Today's Date

Signature of Staff Member Executing Opt Out-Office use only

Date and Time Exec