

**SAINT CLARE'S HEALTH SYSTEM**

**HEALTH DATA EXCHANGE**

**PATIENT NAME:** \_\_\_\_\_ **ACCOUNT NUMBER:** \_\_\_\_\_

**Jersey Health Connect Health Information Organization (HIO)**

Saint Clare's Health System has partnered with the Jersey Health Connect HIO to take part in the New Jersey Health Information Exchange (HIE) pursuant to federal requirements. The purpose of an HIE is to allow physicians and healthcare providers and facilities from across the state to share their patients' health information electronically for improving the quality of health care services provided. The goals for using an HIE are to have timely information about the patient's medical condition, reduce medical and medication errors, and reduce or eliminate duplicate tests and unnecessary costs. Patients can access the HIE to obtain their health information and become a more active, informed participant in their overall health care. New Jersey laws and federal regulations have strict privacy and security requirements that HIE participants must comply with in order to protect patient privacy and confidentiality.

Patient information contained and shared in the HIE may include office, hospital, and other health care treatment and services including sensitive information such as the diagnosis or suspected diagnosis of HIV/AIDS, sexually transmitted diseases, mental health and drug and alcohol treatment, genetic testing, genetic information, services paid for out-of-pocket in full, care or services received as an emancipated minor under state law, and any other health information for which the law requires prior written consent. *Information relating to mental health facility admissions and visits and all health information for patients aged 12 to 17 years will not be shared through the HIE.*

The patient's health information will automatically be available to the HIE participants. However, the patient may choose to opt out of the HIE at anytime by contacting Jersey Health Connect directly by toll-free number (855) 624-6542 or via the Internet at <http://www.jerseyhealthconnect.org>. If the patient chooses to opt out of the HIE, their health information will only be available for access by those physicians and entities directly affiliated with Saint Clare's Health System.

**Information Exchange Acknowledgment**

By signing below I acknowledge that I understand Saint Clare's Health System will share my health information, through the Jersey Health Connect HIE, with all individuals and entities that are authorized to access such information for purposes related to my treatment and care. I understand this includes the protected health information described above. I also acknowledge that I am entitled to opt-out of this electronic health exchange by contacting Jersey Health Connect directly. I understand that I may choose to opt-out at a later date by contacting Jersey Health Connect however information may have been previously submitted and viewed by my healthcare providers prior to the opt-out date.

\_\_\_\_\_  
Patient or Legal Representative Signature Printed Name & Authority of Legal Representative (If Applicable)

**Pharmacy Health Information Exchange (E-Prescribe) Consent**

Saint Clare's Health System has the ability to obtain a patient's prescription medication history information electronically through a pharmacy health information exchange. Healthcare providers such as physicians, pharmacies, and insurance companies participate in this exchange in order to improve the administration of care and facilitate the billing process.

I do \_\_\_ do not \_\_\_ consent to having my drug benefit coverage and medication history electronically accessed and retrieved from the national electronic prescribing network.

\_\_\_\_\_  
Patient or Legal Representative Signature Printed Name & Authority of Legal Representative (If Applicable)

\_\_\_\_\_  
Witness Signature Date Time

Using the patient's primary language (if other than English), \_\_\_\_\_ the interpreter acknowledges the patient understands and agrees with the above statements.

\_\_\_\_\_  
Interpreter Signature Interpreter Printed Name