

IN AN EFFORT TO GIVE YOU THE BEST MEDICAL CARE, RIVERVIEW MEDICAL ASSOCIATES HAS GONE LIVE WITH MERIDIAN'S HEALTH INFORMATION ORGANIZATION. IT'S IMPORTANT THAT YOU READ THIS HANDOUT SO YOU UNDERSTAND THE PROCESS. **YOU ARE AUTOMATICALLY ENROLLED UNLESS YOU OPT OUT.

J E R S E Y H E A L T H C O N N E C T

Your Guide to Understanding Health Information Organizations

What is an HIO? Why is it important?

A Health Information Organization (HIO) is a group of healthcare facilities established to help patients and their authorized healthcare providers, treating the same patient, share—or exchange—relevant healthcare information. A health information exchange helps ensure that only patients and caregivers who are authorized—including physicians, hospitals, labs, etc.—have secure, instant access to your vital medical information. This helps your caregiver have access to needed medical information to provide you with the best care possible.

The Jersey Health Connect HIO was created to help patients and caregivers in central and northern New Jersey share health information. Dozens of hospitals, health systems, physician practices and other providers are currently collaborating through Jersey Health Connect.

As an independent, non-profit organization, Jersey Health Connect is committed to enabling health information exchange for better care. For healthcare providers, this means simpler, more secure communications for better care collaboration. For patients, this means more opportunities to be included in their care management.



What are the benefits of HIO to patients?

Historically, a major obstacle in care delivery has been untimely and limited access to patient medical information. Since most patients see multiple providers, their medical information has to be shared across different systems based on different technologies. These technical differences create barriers to both sharing and using information in a timely manner, resulting in delays, duplicated efforts and testing, potential errors, etc.

With an HIO, providers can quickly share medical data, making it easier to collaborate on patient care to support better outcomes. An HIO also makes it easier for patients to participate in their care by providing timely, secure access to all relevant medical information.



How is my medical information secured?

Protecting patient privacy is a top priority for Jersey Health Connect and access to patient data is strictly regulated. Many State and Federal laws set strict guidelines for protecting patient privacy. Additionally, Jersey Health Connect has internal requirements above and beyond those set by law.

At Jersey Health Connect, we realize that patients must feel confident and comfortable with participating, and we make every effort to ensure patient data is securely managed.

Can I choose not to participate?

In the event that you are not comfortable with participating in Jersey Health Connect, you can choose to **opt out**. By doing so, your healthcare providers will not be able to access your health information through Jersey Health Connect.

Why is it important to participate in Jersey Health Connect?

Participating in an HIO enables your healthcare providers to easily access medical information that supports your care. Helping your providers collaborate can improve the quality of care you receive, help prevent potential medical errors, and reduce unnecessary testing or treatments. Participating also enables you to be actively engaged with your providers to help manage your healthcare. By connecting participants throughout the delivery of care, Jersey Health Connect supports greater collaboration to benefit providers and patients alike.

To **opt out** of participating in Jersey Health Connect you may use one of the following options:

- Call the **opt-out** number at 855-624-NJHC (855-624-6542)
- Visit our Web site at www.jerseyhealthconnect.org

To learn more about Jersey Health Connect, please call 855-624 NJHC (855-624-6542) or visit www.jerseyhealthconnect.org



Health Information Exchange Patient Opt-Out Form

This form is to be used by patients who **do not** wish to participate in Jersey Health Connect Regional Health Information Organization

A Health Information Exchange, or HIE, is a way of sharing your health information among participating doctors' offices, hospitals, labs, radiology centers, and other health care providers through secure, electronic means. The purpose is for participating caregivers to have the benefit of the most recent information available from your other participating caregivers when taking care of you. When you opt out of participation in the HIE, doctors and nurses will not be able to obtain your health information through the HIE to use while treating you. Your physician or other treating providers will still be able to select the HIE as a way to receive your lab results, radiology reports, and other data sent directly to them that they may have previously received by fax, mail, or other electronic communications. Public health reporting, where applicable, in accordance with law such as the reporting of infectious diseases to public health officials, will also occur through the HIE after you decide to opt out.

This opt-out form only needs to be completed once to opt out of the HIE; it is not necessary to complete for each provider. If you do not live in New Jersey but still receive care in New Jersey, you should complete this form to opt out. If you wish to reverse your decision you may opt back in at any time by calling Jersey Health Connect at 609-945-3957. Please note: Opt out requests will be processed within three (3) business days.

Mail your completed form to: Jersey Health Connect or Fax your completed form to: 609.945.5315
PO Box 261
Oldwick, NJ 08858

Information for Patient Opting Out (Please PRINT Clearly)

Hospital Name _____

Patient First Name*	
Patient Middle Name	
Patient Last Name*	
Address Line 1*	
Address Line 2	
City*	
State*	
Zip Code*	
Primary Phone Number*	
Secondary Phone Number	
Email	
Date of Birth*	
Sex (M/F)*	

Reason for Opting Out (optional): _____

If this form is signed by someone other than the person named above, the person signing the form hereby certifies that he/she is acting as: (CHECK ONE) Parent Legal Guardian Other (Specify Relationship) _____ for the person named above.

Contact Information for Individual Completing This Form If Other Than Patient (Please Print Clearly)*

Printed Name _____ Phone Number _____

Patient Information (Please Print Clearly)*

Printed Name _____ Signature _____

Date _____

