



10175

Care New England

**REQUEST TO RESTRICT DISCLOSURE OF
PROTECTED HEALTH INFORMATION
TO A HEALTH INFORMATION EXCHANGE (HIE)**

FOR INPATIENTS: AFFIX PATIENT LABEL OR
WRITE IN BOTH PATIENT NAME & MR NUMBER

FOR OUTPATIENTS: WRITE IN BOTH PT NAME & DOB

PATIENT NAME: _____

DOB OR MR #: _____

A Health Information Exchange (HIE) allows doctors, nurses, pharmacists, other health care providers and patients to appropriately access and securely share a patient’s vital medical information electronically—improving the speed, quality, safety and cost of patient care. It is the policy of CNE to share your health information, for treatment purposes, with other health care providers using a HIE unless you chose to restrict CNE from sharing your health information. The purpose of this form is to give you the opportunity to restrict CNE from sharing your information on one or all participating HIEs.

In making your decision whether or not to restrict sharing, consider the positive benefits of having your health information available through a HIE. HIEs are aimed at improving the coordination and quality of health care services you receive. Health information provides healthcare providers and medical staff with a quick snapshot of your current and past health so that they can make informed decisions about your care. This is valuable in an emergency situation if you cannot communicate with them.

If you decide you do not want your health information or your minor child’s health information made available through a CNE sponsored HIE, mail, email, or fax this form to the address or fax number below. Please note that any information that has been released prior to this document being accepted cannot be retracted.

Keep a copy of this form for your records. If you decide later that you want to make your health information available through one of more CNE sponsored health information exchanges, you must complete a form to request to withdraw this request.

NOTE: If you are enrolled in the Rhode Island HIE, CurrentCare, and wish to un-enroll you must complete a cancellation of Participation form which can be found on Patient Resources, or contact Rhode Island Quality Institute at 315 Iron Horse Way, Suite 102, Providence, Rhode Island 02908 or 1-888-858-4815

Request to Restrict Disclosure of Protected Health Information to a Health Information Exchange (HIE)

By signing this form, I acknowledge:

- I do not want my health information (or the health information of my child) shared through the Health Information Exchange to all health care providers involved in my care that participate in or is connected to the HIE.
- If I wish to no longer participate in CurrentCare, I must also contact the Rhode Island Quality Institute directly.
- This revocation only applies to the sharing of health information through the HIE. My health care providers may still have access to my health information using other methods, such as fax, telephone, email or mail.
- Any information that was shared through the HIE before the date this form is processed will remain available to providers who request access.
- This request to opt out of the HIE will be effective **2-5 business days** after the receipt by CNE to process my request to prevent sharing of my health information through a CNE HIE.
- I may opt back into sharing my health information through the HIE by revoking this form. I can make this request at any CNE provider location or by contacting Health Information Management.

All sections must be completed (please print):

Patient Legal First Name	Middle Initial	Legal Last Name
Other names you have used (maiden name, etc.)		
Street Address		
City	State	Zip
Phone #	Date of birth (mm/dd/yyyy)	
Patient/Guardian/Personal Representative Name (printed)		Relationship to Patient
Patient/Guardian/Personal Representative Signature		Date

Send to the attention of Health Information Management:

Butler Hospital 345 Blackstone Blvd Providence, RI 02906 401-455-6321 BHHIM@CareNe.org	CNE Medical Group 171 Service Ave. Bldg. 2, 2 nd floor Warwick, RI 02886 401-921-7266 CNEMGHIM@CareNE.org	Kent Hospital 455 Tollgate Rd Warwick, RI 02886 401-736-4291 KHROIHIM@carene.org
The Providence Center 528 N. Main St Providence, RI 02904 401-276-6143 TPCHIM@CareNe.org	Women & Infants Hospital 101 Dudley St Providence, RI 02905 401-274-1122x41486 WIH-ROI@carene.org	Visiting Nurse Assoc. of CNE 51 Health Lane Warwick, RI 02886 401-737-6050 ext. 58817 VNAHIM@CareNE.org

CNE INTERNAL USE ONLY:

Restrict Request Processed on (date): _____	Received By: _____
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I am requesting to **revoke prior restriction** (as noted above) placed on the use or disclosure of my health information to the HIEs

Date/Time: _____ Patient/Legal Guardian signature: _____

Relationship to Patient: _____

CNE INTERNAL USE ONLY:

Recind Request received (Date): _____ Received By: _____