

Notices of Privacy Practices Insert

To be used in conjunction with an Authorization to disclose “sensitive” health information. Presumes legal authority to otherwise disclose PHI for treatment, payment or health care operation purposes.

[PROVIDER] also participates in the Illinois Health Information Network/Exchange (Network/Exchange). The Network/Exchange is a state-level network to facilitate the electronic exchange of medical and other protected health information among health care providers that participate in the Network/Exchange for patient treatment, payment and health care operation purposes. The Network/Exchange does not house or store any data; rather, it merely facilitates exchange of data among participating health care providers.

The Network/Exchange is also authorized by law to transmit [de-identified] health data from participating health care providers into a central repository for public health purposes and to make health information and de-identified data available to **researchers**. **[Consider additional public policy benefits/purposes]**

To the extent permitted by law, [PROVIDER] may disclose your protected health information to other health care providers who request that information, via the Network/Exchange. In those cases where your specific consent or authorization is required to disclose health information to others, [PROVIDER] will not disclose that health information to other health care providers participating in the Network/Exchange without first obtaining your written consent.

Comment [K1]: As a consumer, the message is lost in the legalese. The reason your asking someone to sign this should be first, e.g. make the last paragraph the first one, and give supporting reasons below. Hard to imagine anyone will read past the first paragraph anyhow...
--Joel Shoolin

Comment [K2]: Authorization for research--I stand by my above statements and do not feel this should be part of the HIE information sharing.
--Joel Shoolin

Field Code Changed