OPT-OUT OR OPT-BACK-IN FORM
FOR THE PENNSYLVANIA PATIENT & PROVIDER NETWORK (P3N)

P3N PA PA PRIVATE & PROTECTED

INSTRUCTIONS:

STEP #1 - Please read the back of this form before completing this side.

STEP #2 - Complete Section 1 to opt out OR Section 2 to opt back in to the P3N. Please initial that you have read and understand each of the statements in either Sections 1 **OR** 2.

STEP #3 - Please complete **ALL** of the remaining sections of the form and sign.

SECTION 1 - To **OPT OUT** of the Pennsylvania Patient & Provider Network (**P3N**) complete this section:

Initial	By submitting this Opt-Out Form information about me will NOT be accessible to health care providers and other authorized users (including for emergency services) by use of the P3N.
Initial	I understand that by opting out, this form will be shared with health care providers and other authorized users so they know that I do NOT want my information accessible in P3N.
Initial	I may choose to participate in the P3N again at any time by submitting this form as an Opt-Back-In form.

SECTION 2 - To **OPT BACK IN** to the Pennsylvania Patient & Provider Network (**P3N**) complete this section:

Initial	By completing this section, information about me (including information created prior to today's date) **WILL** be accessible to health care providers and other authorized users (including for emergency services) by use of the P3N.

SECTION 3 - Please complete each area below (please print CLEARLY):

First Name: _____ Middle Name: _____ Last Name: _____

Maiden Name: _____ Date of Birth: _____/_____/_____ (month / day / year) Gender: ☐ Female ☐ Male

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone 1: _____ Phone 2 (optional): _____

Email Address (optional): _____ Last Four (4) Digits of Social Security Number (optional): _____

By signing this form, I verify that I am the person named above, or that I am legally authorized to complete and sign this form for the person named above. The information provided on this form, and the preferences expressed herein, are true and correct to the best of my knowledge, information, and belief. I understand that false statements made on or through this form are subject to the penalties of 18 Pa. C.S.A. Section 4904 relating to unsworn falsification to authorities, and I am making this statement under penalty of perjury.

Patient Signature: _____ Date Signed: _____/_____/_____ (month / day / year)

(Signature of patient, parent, legal guardian, or legal representative, where required.
If legal guardian or representative, please state your relationship to the patient.)

Guardian or Representative: _____ Relationship to Patient: _____
(Print Name)

This form must be returned with original signatures in black or blue ink. All non-optional fields must be filled out in order for your request to be processed. A separate form must be filled out for each family member. A contact phone number is required in case we must contact you to ensure the accuracy of the information provided above. You will receive an acknowledgement of the receipt of this form.

Return Form To:
Pennsylvania Department of Human Services
eHealth Partnership
515 Health & Welfare Building, 5th Floor • 625 Forster Street • Harrisburg, PA 17120
ra-consentmgt@pa.gov • www.dhs.pa.gov/learnaboutdhs/dhsorganization/ehealthpartnership • 717-346-1115

THE PENNSYLVANIA PATIENT AND PROVIDER NETWORK (P3N)

Participation in P3N is voluntary. P3N is a service of the Pennsylvania Department of Human Services' eHealth Partnership. If any of your health care providers participate in the P3N their information about you may be shared by use of the P3N services, and you benefit from that sharing. If you choose to opt out of the P3N, you can change your mind at any time.

WHAT IS HEALTH INFORMATION EXCHANGE?

Health information exchange is the electronic movement of health information between approved participating health care providers or health information organizations in a way that ensures the secure exchange of health information to provide care to patients. Under Pennsylvania law, the eHealth Partnership was created to promote this kind of exchange, and does so in part by providing the P3N services, which help to connect approved and participating regional health information organizations to each other. Individual health care providers connect to the P3N by joining their regional health information organization.

WHAT ARE THE BENEFITS OF HEALTH INFORMATION EXCHANGE?

If your health care provider is connected to the P3N, their information about you, including information about your health care, treatment, medication, and related information, will be more easily and more quickly shared with others also connected to the P3N, which may include your primary care physician, your hospital, the specialist(s) you are seeing, your pharmacy, your insurance company's care manager, and others involved in your care. This helps your health care providers work together to make better-informed decisions about your health care. Health information exchange can improve the patient experience, reduce the unnecessary duplication of tests and procedures, improve health care results, and save money. Health care providers sharing your information between themselves is nothing new, but electronic sharing of the information is much more helpful than the old paper-based methods.

HOW IS MY HEALTH INFORMATION SHARED?

If your health care provider is connected to the P3N, they make information about you automatically accessible by use of P3N services, under Pennsylvania law. Health care providers receive accounts that let them ask the P3N if any information is available for one of their patients. If your health care provider does not have an account, then their information about you is not visible by use of P3N services, and they cannot use P3N services. If your health care provider has an account and makes an inquiry about you, they will see a list of what records exist about you and where they reside within the P3N, providing them access to these records.

HOW IS MY HEALTH INFORMATION PROTECTED?

The P3N carefully protects the privacy and security of your information by use of state of the art technical and administrative methods. P3N participants and the eHealth Partnership must follow all applicable federal and state privacy laws, including, in most cases, the federal Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH), as well as related regulations. All P3N participants must sign an agreement promising to treat your information with appropriate care, to meet certain P3N standards, and to follow P3N procedures regarding the protection of account access.

HOW CAN I OPT OUT?

While patient participation in the P3N is encouraged, you may opt out of the sharing of your health information via P3N services. To opt out, complete and sign the other side of this form and return it to your health care provider or the eHealth Partnership. It may take up to five business days after the eHealth Partnership receives your form to make your request in the P3N. Once you are in the opt-out registry, P3N participants searching the registry will see that you have opted out. This means your providers will not be able to see your information using P3N services, not even in an emergency. If you change your mind, you may opt back in by using this form.

WHAT IF I OPT OUT?

If you opt out of participation in the P3N, your health care provider or other P3N participant will know that they cannot display their information about you in response to a P3N query. This does not prevent the provider or other entity from seeking and/or transmitting information about you through other electronic or non-electronic methods, and it does not prevent the sharing of information about you outside the P3N in ways that are necessary, and for reasons that are permitted by law.

WHAT IF I OPT BACK IN?

If you opt back in to the P3N, your health care provider or another P3N participant will be able to access information about you (including information created before your opt-back-in date). If you choose, you may opt out again in the future.