



Patient Label or Patient Identifiers

Opt In Form
Vanderbilt Health Affiliate Network (VHAN)
Health Information Exchange (HIE)
Patient Acknowledgment

Patient Name: _____

Date of Birth: _____

Opt In Form
Vanderbilt Health Affiliated Network (VHAN) / Health Information Exchange (HIE)

Vanderbilt University Medical Center (VUMC) participates in the Vanderbilt Health Affiliated Network (VHAN) Health Information Exchange (HIE).

The VHAN HIE is a secure electronic system that allows participating health care providers to share your health information in order to treat you promptly and manage your care. It is also used for payment and business purposes in accord with applicable laws and regulations.

VHAN has strong safeguards in place to keep your information secure whenever it is accessed, sent, or used within the HIE. If you have questions about the VHAN HIE, call the VUMC Privacy Office at 615-936-3594 or visit VHAN's website at www.vhan.com/hie.

As a patient at VUMC, you are opted in to the VHAN HIE unless you choose not to participate. When you are opted in and receive care from non-VUMC providers in the VHAN HIE, these providers will be able to access your VUMC health information, including your behavioral health records.

The choice you make on this form will *not* affect your ability to get health care. And you may change your mind at any time. But while you are opted in, your providers may access your health information and copy or include it in their own medical records. If you later decide to opt out, they are not required to return your information or remove it from their records.

You previously chose to opt out of the HIE, so *none* of your health information from VUMC or any other VHAN HIE member was viewable to any provider through the HIE. *Opting in or out at one site affects all VHAN HIE participating health care providers.*

*You now are choosing to **OPT IN** to the HIE. Once opted in your data (from the time of our HIE participation) will now be viewable to any provider through the HIE.*

At any time you may Opt Out of the HIE but you must notify the VUMC Privacy Office in writing at 4560 Trousdale Drive, Ste. 101, Nashville, TN 37204 or privacy.office@vanderbilt.edu. The choice you make on this form will not expire unless and until you notify the Privacy Office.

By signing this form, I acknowledge that I am opting in to the VHAN HIE. I understand that non-VUMC providers involved in my care who participate in the VHAN HIE will be able to access my VUMC health information, including my behavioral health records.

This request may take up to 2 business days to take effect. I have been provided a copy of this form.

Print Name of Patient/Legal Representative: _____

Signature of Patient/Legal Representative: _____

Relation to Patient: _____ Date: _____ Time: _____

*You must mail your completed form to the VUMC Privacy Office at the address listed above, or fax your completed form to the VUMC Privacy Office at 615-343-6966. **Please Note:** If you are receiving treatment from a drug and/or alcohol abuse treatment Program, as defined by 42 C.F.R. Part 2, we are prohibited from sharing your health information with the VHAN HIE.*