

Privia HIE Opt-Out Request Form

Health Information Exchange (HIE) enables your healthcare providers to quickly and securely share your health information electronically among a network of healthcare providers, including physicians, hospitals, laboratories and pharmacies. Your health information is transmitted securely and only authorized healthcare providers may access your information for purposes of your treatment, payment, or a healthcare operation. All of these health information exchanges are governed by federal and state law, including the Health Insurance Portability and Accountability Act, commonly known as HIPAA. Privia strongly encourages all of our patients to participate in health information exchange so our providers have the most complete and up-to-date view of a patient's health care.

You do have the right to opt out of participation in HIE. When you opt out, your Privia providers will not be able to access your health information through third-party HIE providers (including CRISP, Commonwell, Surescripts medication history, ConnectVirginia and others) to assist them in your treatment. Your Privia providers will, however, still be able to receive certain lab results, radiology reports, and other data via electronic communications and will be able to send your prescriptions electronically to your pharmacy. We may also continue to share information electronically with your insurance company or other payer(s). In accordance with applicable federal and state law, Privia will still make public health reports, such as the reporting of infectious diseases or vaccine administration to public health officials, using electronic means. In addition, information about your controlled substance prescriptions may, depending on state law, continue to be shared via state prescription drug monitoring programs (PDMPs).

If you want to opt out of HIE, this opt-out form only needs to be completed once at Privia; you do not need to complete a separate form at each of your Privia providers.

Please complete and sign this form and return directly to your healthcare provider, email to medicalrecords@priviahealth.com or mail to: Privia Health at: 950 N. Glebe Rd, Ste. 700, Arlington, VA 22203 Attn: Medical Records

NOTE: Incomplete or illegible forms will not be processed.

If you wish to reverse your decision, you may opt back in at any time by notifying Privia in writing.

IMPORTANT: Residents of Maryland and the District of Columbia: To opt out of CRISP (the "Chesapeake Regional Information System for our Patients"), you must follow their procedures. Please go to <https://connect.crisphealth.org/OptoutForm> for further instructions or request a form from your Privia provider and follow the instructions.

PATIENT INFORMATION (Please Print Clearly)

Printed Name of Patient:

Phone Number:

Address:

Email:

City, State, and Zip Code:

Date of Birth: _____

I hereby opt out of the sharing of my information via HIE and release Privia Health and its providers from any and all claims or damages resulting from or related to my decision to opt out of HIE.

Signature: _____

Date: _____

To be signed by patient's parent or legal guardian if patient is a minor or otherwise not competent