

**Virtual Lifetime Electronic Record Health Information Exchange Initiative  
Opt-Out Letter Template**

**Please mail completed Letter to:** DHA/HIT/OPT-OUT(IN)  
7700 Arlington Blvd  
Suite 5101  
Falls Church, VA 22042

<b>Patient Name</b>	<b>Patient Date of Birth</b>	<b>Patient DoD ID Number</b>
Enter full name of patient as it appears on the DoD Identification Card.	Enter patient's date of birth	Enter patient DoD ID Number, Locate the "date of issue" on the back of the ID Card. If the "date of issue" is after 2010, then the "DoD ID Number" is on the front of the ID card. Individuals who have a common access card may also locate the DoD ID number through the Military Connect website at <a href="https://pki.dmdc.osd.mil/milconnect">https://pki.dmdc.osd.mil/milconnect</a> .

I would like to Opt Out of allowing the Military Health System to share my healthcare information with non-MHS healthcare providers electronically through eHealth Exchange.

- I am not an active duty service member
- I understand and accept the risks associated with denying healthcare providers access to my health information through eHealth Exchange (see the reverse side of this form for explanation of the risks)
- I understand that I can cancel this restriction, and Opt Back In (see below), by submitting a completed request to my local military hospital or clinic.
- I understand that this restriction only applies to information that is shared by DoD through eHealth Exchange and does not restrict any other existing health information exchange, such as paper or fax exchanges between my providers, sharing between the DoD and VA for healthcare purposes, or permitted disclosures of PHI under the HIPAA Privacy Rule and DoD 6025.18-R.
  - I understand that it may take up to ten business days upon HIE receiving this request to be implemented.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_

**If not the patient, my legal guardian relationship to the patient is:** \_\_\_\_\_

**If you are not the patient or parent, please send copy of Power of Attorney document with this form.**

**I would like confirmation by**  E-mail  Letter

**Contact Information**

This statement serves to inform you of the purpose for collecting the personal information requested above and how it will be used.  
**AUTHORITY:** 10 U.S.C. Chapter 55, Medical and Dental Care; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) **PRINCIPAL PURPOSE(S):** This request is being used to record your choice to Opt Out, or change your prior choice and Opt Back In. By choosing to Opt Out, you are restricting the Military Health System (MHS) from electronically sharing your personal and healthcare information through the eHealth Exchange with non-MHS healthcare providers who treat you. Active Duty Members, Reservists and National guard are not able to Opt Out **ROUTINE USE(S):** Use and disclosure outside of Department of Defense (DoD) of information you provide below may occur in accordance with 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses at: <http://dpclid.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>  
**DISCLOSURE:** Voluntary. If you intend to Opt Out of electronic sharing, or to reverse that choice and Opt Back In, your intent will not be recognized unless you submit this request.

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### FREQUENTLY ASKED QUESTIONS

#### **What is Health Information Exchange (HIE)?**

Electronic Health Information Exchange (HIE) allows your participating healthcare providers from different healthcare delivery organizations to appropriately access and securely share your healthcare information. Using HIE, healthcare information can follow you whenever and wherever it is needed. HIE makes it possible for the various providers involved in your care to gain access to the same information.

#### **How secure is HIE?**

HIE protects the privacy and security of your healthcare information by following the rules set in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The HIPAA Privacy Rule provides federal protections for individually identifiable health information and gives patients' rights about that information. The Privacy Rule permits the sharing of health information for patient care and other important purposes. The Security Rule lists administrative, physical, and technical safeguards that must be used to protect the privacy and security of your healthcare information.

#### **What is VLER HIE and the eHealth Exchange?**

VLER HIE is an initiative to share parts of the DoD medical record electronically, safely, and privately. VLER Health securely shares your health information between participating healthcare providers who have joined the eHealth Exchange, which is a national HIE.

#### **What are the benefits of VLER HIE and the eHealth Exchange?**

Access to your medical history is very important to the healthcare providers caring for you. Using eHealth Exchange, your healthcare providers have a more complete view of your health record. This allows you and your healthcare team to make informed decisions for your health. Through the eHealth Exchange, your healthcare providers can share information on your prescribed medications, allergies, illnesses, laboratory and radiology results and past medical history and procedures.

#### **What does it mean to Opt Out?**

If you choose to Opt Out, the Military Health System will not be allowed to electronically share your healthcare information through the eHealth Exchange for any reason, even in case of emergency where you may be unconscious. Your provider may not have the necessary information to save your life.

Choosing not to participate will not affect HIPAA authorized healthcare information sharing; the sharing of paper records; or DoD exchange of healthcare information with the Department of Veterans Affairs.

Choosing not to participate will not affect your TRICARE eligibility or status.

If you want to opt out of all sharing of your healthcare information, ask your civilian healthcare providers who participate in the eHealth Exchange about their rules and regulations on how to opt out.

#### **What is the downside of choosing not to participate (Opting Out) of VLER HIE and eHealth Exchange?**

**"WARNING!" - If you have opted out, in the case of an emergency where you may be unconscious, your healthcare providers may not have immediate and complete access to important healthcare information necessary to save your life.**