

Jefferson Health's Participation in Health Information Exchanges

Jefferson Health participates in Health Information Exchanges (“HIEs”) which, through secure connected networks with health care providers who participate in the HIEs, makes it possible for us to electronically share protected health information to coordinate patient care. We may electronically share your medical information through HIEs, among participating HIE members for the purposes of treatment, payment, health care operations, and other authorized purposes, to the extent permitted by law.

Jefferson Health participates in the following HIEs

- Care Everywhere Network
- eHealth Exchange
- Camden Coalition
- HealthShare Exchange of Southeastern Pennsylvania, Inc.
- CommonWell

You have the right to “opt-out” or to decline participation in any HIE that we participate in. To opt out of participating in HIEs at Jefferson you may use the Request for Restriction of Protected Health Information form found at page two of this PDF.

To opt out of participating in Jefferson Health - LVHN HIEs – Please email - Compliance_Services@jefferson.edu

Once you opt out at Jefferson Health, we will no longer share your health information on any health information exchange platform. This will not, however, stop Jefferson from receiving your health information. In order to restrict your health information from coming in to Jefferson Health, please contact your non-Jefferson health care provider and opt out there. You may also directly contact the Health Information Exchange organizations we participate in using the links we provided below.

- **Care Everywhere Network**
Contact your non-Jefferson health care provider to determine if they participate in CareEverywhere. To opt out, please notify your non-Jefferson Health provider.
- **eHealth Exchange**
More information can be obtained by visiting - [Policies - eHealth Exchange](#)
- **Camden Coalition**
More information can be obtained by visiting - [Health Information Exchange - Camden Coalition](#)
- **HealthShare Exchange of Southeastern Pennsylvania, Inc.**
More information can be obtained by visiting Healthshareexchange.org
To opt out please visit [Patient Options Forms – Opt Out / Back In](#) or call 215-391-4906.
- **CommonWell**
More information can be obtained by visiting [CommonWell Health Alliance](#)



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REQUEST FOR RESTRICTIONS OF PROTECTED HEALTH INFORMATION FORM

Patient Name:
Date of Birth:
Last 4 digits of Social Security Number:
Address:
Phone Number:
Medical Record Number:
Addressograph or Label - Patient Name, Medical Record Number

Except for uses and disclosures as required by law, you have the right to ask Jefferson Health to restrict the use and disclosure of your protected health information (PHI) for Treatment, Payment or Health Care Operations as is identified below:

- Restriction of record release to a Health Information Exchange (HIE):
Restriction on Use and Disclosure of PHI in the In-Patient Hospital Directory
Restriction of record release for a Self-Pay Encounter to your Health Insurance provider
Other: (Please Specify):

Jefferson is not required to agree to your request and is not permitted to grant restrictions that violate the law. If Jefferson agrees to your request, then we will be bound by the restriction unless the restriction is later ended by (i) your written request; (ii) by agreement between you and Jefferson (including an oral agreement); or (iii) by Jefferson for health information created or received after you are notified that Jefferson has removed the restrictions.

If you check the box labeled "Other", Jefferson will review your request and provide you with a written response. Depending upon the nature of your request, it may take several days to respond.

Patient Signature: Date

If other than the patient, specify relationship

If document is interpreted

Interpreter Signature, Print Name, Language, Date, Position, Relationship to Patient

After you have completed this form, please return it by mail to

Health Information Management Department
Thomas Jefferson University Hospital,
111 S. 11th Street, Suite 1950 Gibbon,
Philadelphia, PA 19107
(t) 215-955-6627