



Lone Star Circle of Care (LSCC) is part of the Carequality Program and the Surescripts Network. Learn what this means for you.

If you see a specialist or visit a hospital, and they ask us for your records, HIPAA allows LSCC to send those records to your care provider. LSCC may also ask your other doctors or hospitals to send us their records about your care. Working together to share information and improve treatment is part of what we do every day as we care for patients.

The Carequality program and Surescripts network allows Lone Star Circle of Care to electronically share information about you with other providers who are also treating you.

### How does Carequality help me?

Imagine you are visiting out of town, then you get sick and have to go to the hospital. If the hospital participates in the Carequality program they can get your prescription information and medical history from LSCC electronically. Before, this could have taken days to process over fax or by mail. Now, providers can request information about your care and receive it fast, so your doctor can make an informed decision when it matters most—at the moment you are receiving care, while you are still in the hospital.

Similarly, LSCC can request information from other providers you've seen. This allows us to provide the very best care to you. **Carequality will only share your information with providers who are treating you.**

### What information will be shared?

Your patient record will include your medications, vaccinations, allergies, current and past test results, and summaries of your past and current health problems. It will not include psychotherapy notes or other information that requires your specific authorization to release under federal law.

### Who can see my health information in Carequality?

Only authorized users of Carequality are allowed to look at your health information. These include: doctors, hospitals, or other providers who have enrolled in Carequality and are providing a medical service or care to you. Carequality follows all state and federal laws—including HIPAA—to keep your health information private.

### What do I have to do to participate?

To participate in this exciting program, you don't have to sign any forms or documents. As long as your provider participates, you receive these benefits automatically. Lone Star Circle of Care is a Carequality participant. National participants include NextGen Healthcare, Epic, Express Scripts and CVS Health.

## What if I do NOT want my information to be shared by Carequality?

You have the right to ask that your medical information not be disclosed or shared by the Carequality Framework. Your choice to opt-out of the health information exchange will not affect your ability to access medical care. If you wish to opt-out, please fill out, sign and submit an "Opt-Out" form to your provider. Your local clinic can provide this form to you upon request. You may also access this form through the practice website.

You can opt out of this sharing or *opt back into sharing* by checking the boxes below and mailing this form to **Privacy Officer, 205 E. University Avenue, Suite 200, Georgetown, TX 78626. Or fax to: (512) 863-5281.**

**Option 1: Local opt out.** If you don't want LSCC to share your information to other providers using the Carequality Network, call \_\_\_\_\_.

**Option 2: Opt out nationwide.** Choose this option if you don't want any provider you've seen to participate in Carequality program.

**Option 3: Opt back in.** Choose this option if you previously opted out of the program, but would like to opt back in. Even if you opted out elsewhere, you can rejoin the program by checking this option and signing below

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Date of Birth (mm/dd/yyyy):** \_\_\_\_\_ **Last 4 Digits of SS#:** \_\_\_\_\_

When I have selected to Opt-Out and submit this form, I understand that I am choosing for my health information to NOT be made accessible through Carequality except as permitted by law, even in the event of a medical emergency.

When I have selected to Opt-Back In and submit this form, I understand that I am choosing for my health information to be available through Carequality to healthcare providers involved in my care and treatment.

\_\_\_\_\_  
Signature of Patient or Authorized Representative

\_\_\_\_\_  
Date

Opting out does not mean LSCC will not share your information with other healthcare provider you see. It only means we will not use the Carequality electronic health information sharing network to obtain or disclose information about you. For more information please contact LSCC's Privacy Officer:

[privacy@lscctx.org](mailto:privacy@lscctx.org) / 205 E. University Avenue, Suite 200 / Georgetown, TX 78626 / Fax: (512) 863-5281