

**I want to Opt Out of the VLER HIE which allows 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, 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 Department of Defense (DoD) and Veterans Affairs (VA) for healthcare purposes, or permitted disclosures of protected health information (PHI) under the Health Insurance Portability and Accountability Act) HIPAA Privacy Rule and DoD 6025.18-R.
* I understand that it may take up to ten business days, from date of receipt, for this request to be implemented.

| **PATIENT’S NAME** | **DATE OF BIRTH** (DD/MM/YYYY) |
| --- | --- |
| Enter patient’s **Full Name** as it appears on DoD ID Card | Enter patient’s **Date of Birth** |
| Click here to enter text. |  |

| **PATIENT’S DoD ID NUMBER** |
| --- |
| Enter patient’s **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. Patients with a Common Access Card (CAC) can access their DoD ID Number at <https://pki.dmdc.osd.mil/milconnect/>. |
|  |

**I WOULD LIKE CONFIRMATION BY: E-MAIL  PHONE  ADDRESS**

| **E-MAIL CONFIRMATION** | **PHONE CONFIRMATION** | **ADDRESS CONFIRMATION** |
| --- | --- | --- |
| Click here to enter text. |  |  |

| Click here to enter text. |  |
| --- | --- |
| PATIENT’S SIGNATURE | DATE |

|  |
| --- |
| SIGNATURE OF PARENT OR GUARDIAN |

*\*If you are not the Patient, Parent, or Guardian please send copy of Power of Attorney document with this form.*

Please mail completed letter to: DHA/HIT/OPT OUT

7700 Arlington Blvd

Suite 5101

Falls Church, VA 22042

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 health care information through the eHealth Exchange with non-MHS health care 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 the [Defense Privacy and Civil Liberties Division website](http://dpcld.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/).

**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.



**Question 1: What is electronic Health Information Exchange (HIE)?**

**Answer 1**: Electronic Health Information Exchange (HIE) allows your participating health care providers from different health care delivery organizations to appropriately access and securely share your health care information. Using HIE, health care 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.

**Question 2: What is VLER HIE?**

**Answer 2:** Virtual Lifetime Electronic Record (VLER) Health Information Exchange (HIE) is an initiative to share parts of the Department of Defense (DoD) medical record electronically, safely, and securely.

**Question 3: What is the eHealth Exchange?**

**Answer 3**: The eHealth Exchange is a rapidly growing health information exchange network for securely sharing clinical information over the Internet nationwide. It is the largest health information exchange infrastructure in the United States (U.S.). Current eHealth Exchange participants include large provider networks, hospitals, pharmacies, regional health information exchanges and many federal agencies, representing 40% of all U.S. hospitals, tens of thousands of medical groups, more than 8,000 pharmacies and 100 million patients.

**Question 4: How secure is HIE?**

**Answer 4**: HIE protects the privacy and security of your health care 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 health care information.

**Question 5: What are the benefits of VLER HIE and the eHealth Exchange?**

**Answer 5:** Access to your medical history is very important to the health care providers caring for you. Using eHealth Exchange, your health care providers have a more complete view of your health record. This allows you and your health care team to make informed decisions about your health. Through the eHealth Exchange, your health care providers can share information on your prescriptions and medications, allergies, illnesses, laboratory and radiology results, immunizations, procedures, and clinical notes\*. *\*Health information, generally considered to be sensitive, including information about sexual assault, substance abuse, mental health and sexually transmitted diseases will be shared with authorized entities, if included in the clinical notes, when MHS GENESIS is deployed at your military or hospital or clinic.*

**Question 6: What does it mean to Opt Out?**

**Answer 6**: If you choose to opt out, the Military Health System (MHS) will not be allowed to electronically share your health care 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.

**Question 7: What does it mean to Opt Back In?**

**Answer 7**: A patient can request to opt back in at any time by going to [www.TRICARE.mil/vler](file:///C:\Users\cbriones\Desktop\HIE%20Tool%20Kit%20Review\www.TRICARE.mil\vler) and following instructions for the VLER HIE Opt Back In Letter. When you opt back in, you allow your health care providers access to important health care information about you when you visit a medical facility connected with the eHealth Exchange and participating with the MHS .

**Question 8: What is the downside of choosing not to participate (Opting Out) of VLER HIE and eHealth Exchange?**

**Answer 8**: If you have opted out, in the case of an emergency where you may be unconscious, your health care providers may not have immediate and complete access to important health care information necessary to save your life.

**Question 9: Are Active Duty able to opt out?**

**Answer 9**: No, due to medical readiness and DoDI 6040.45 Active Duty are not able to opt out of VLER HIE.