



Acknowledgement of Notice of Privacy Practices Instructions for Providers Office

Under state law, Providers must notify patients of participation in a health information exchange and you may use the Notice of Privacy Practices to do this. State law also requires Providers to obtain consent from patients before sharing some types of sensitive information in some circumstances, for example HIV/AIDs, behavioral health treatment, and substance abuse. Also, federal guidance requests that Providers give patients a “meaningful choice” on whether they want to participate.

The attached document provides sample language that you can use as follows:

- You may use the language as a separate form attached to your existing Notice of Privacy Practices or you may incorporate into your existing Notice of Privacy Practices or into your existing acknowledgement form.
- You may change the language to better describe how sharing information helps you help the patient. This language is only an example, feel free to use your own words: *“Sharing patient information with other providers through RGV HIE helps [Provider] provide better care for patients by not duplicating tests and having more complete information about patient’s medication and other treatment history”*
- Patients may choose to “opt out” of participation, which means they may choose not to share their information through the health information exchange. You may choose to give the patient the “opt out” form if they ask for it, or you may choose to refer them to RGV HIE to obtain the form.
- You may change language on the form, but you must be sure to include a check box or signature line where the patient checks off on a statement that says they agree to sharing their sensitive information.

For more information, including background information on federal and state privacy laws, or for questions, contact RGV HIE.