

What is NCH PatientPing?

Northwest Community Healthcare (NCH) *PatientPing* is a fast and secure way of electronically sharing your health information among participating physicians' offices and other health care providers. The purpose is so that each of your participating caregivers can have the benefit of the most recent information available from your other authorized and participating caregivers, thereby helping them to provide safer and more coordinated care.

Non-Participation in NCH PatientPing

Patients who do not want their medical information to be accessible to authorized health care providers through NCH *PatientPing* may choose to opt-out. If you decide to opt-out, health care providers will not be notified of your care at NCH and your treatment information from providers outside of NCH may not be available to personnel during your care through NCH. Likewise, you should recognize that when you see a health care provider for treatment, that provider may still request and receive your medical information from other providers using other methods permitted by law, such as fax, mail, or other electronic communication. If you do not want to participate in NCH *PatientPing*, please mark the Opt-Out Request option below. Should you choose to revoke your opt-out selection at a later date, you will need to check the revocation portion of this form below.

How NCH PatientPing Help You and Your Physician?

• **NCH PatientPing Improves Your Care**

NCH *PatientPing* allows authorized physicians to be notified of a variety of medical information -- information that can help physicians make better decisions about your care. Notifying other providers of your care through NCH *PatientPing* may also prevent your physician from having you repeat tests, saving you time, money and worry.

• **NCH PatientPing Protects Privacy**

NCH *PatientPing* protects your privacy by keeping track of who has accessed your information.

• **NCH PatientPing Is Secure**

NCH *PatientPing* is a fast and secure way for your physician to locate your most up-to- date medical information. Only authorized health care providers with a valid reason will be notified of your medical treatment.

PatientPing Opt-Out/Revocation of Opt Out Request Form

Patient Name: _____ Address: _____

Date of Birth: _____ Phone No.: _____

Choose one:

Opt-out - I request that my medical information be excluded from PatientPing. I understand this means that other health care providers will not be notified of my care coordination through PatientPing, but they may be notified through other methods.

Revocation - I would like my medical information to be available to other health care providers through *PatientPing*. By signing this form, I am revoking my prior request to exclude my medical information from *PatientPing* and reinstate permission to make my medical information available through *PatientPing*.

(Signature of patient or legal representative)

Date

(Print name if signed by legal representative)

(Relationship to patient)

Please return form to the Northwest Community Healthcare, ATTN: HIM Department, 800 W. Central, Arlington Heights, IL 60005

Northwest Community Hospital
Arlington Heights, IL 60005

PATIENTPING (OPT-OUT/REVOICATION OF OPT-OUT) REQUEST FORM