Attestation: Florida HIE Participant Notice of Privacy Practices (NPP) & NPP Acknowledgement

Pursuant to the CRISP Shared Services (CSS) Policies and Procedures each Participant in CSS must adequately educate patients on CSS, including the ability to opt-out of data sharing and the opt-out process. Each Participant must ensure that the Participant's Notice of Privacy Practices are updated to facilitate this education process. We recommend the language below.

Suggested Update to Notice of Privacy Practices

We have chosen to participate in the Florida HIE through CRISP Shared Services a provider of health information exchange ("HIE") serving Florida HIE. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt-out" and disable access to your health information available through CRISP Shared Services by calling 877-940-6144 or completing and submitting an Opt-Out form to Florida HIE by mail, fax or through their website at www.flhie.org

Suggested Update to NPP Acknowledgement Page

We participate in the Florida HIE (health information exchange) to share your medical records with your other health care providers and for other limited reasons. You have rights to limit how your medical information is shared. We encourage you to read our Notice of Privacy Practices and find more information about CRISP Shared Services medical record sharing policies at FLhie.org.

Universal Patient Authorization Language

Any health information about you may be re-disclosed to others only to the extent permitted by state and federal laws and regulations. You understand that once your information is disclosed, it may be subject to lawful re-disclosure, in accordance with applicable state and federal law, and in some cases, may no longer be protected by federal privacy law.

By signing the below, I attest that we have updated our Notice of Privacy Practices in accordance with the above or in a way that substantially captures the relevant information presented above.

Participant Organization: _____
Name: _____
Signature: _____
Date: _____
Email Address: _____

---

[1]This document is not a comprehensive representation of the Participant's obligations to a consumer under federal and state laws and regulations. Participants should complete their own legal review for sufficiency.