



## **Opt-Back-In Process For Participant Offices** *Opting Patients Back In At The HIE Level*

If a patient has **Opted-Out** and wants to **Opt-Back-In**, it is preferred the patient submit a completed CTHealthLink Request to **Opt-Back-In** online through [www.CTHealthLink.com](http://www.CTHealthLink.com).

Should the patient request to complete a paper form while in your office, please provide him/her with the **Opt-Back-In** form. Upon completion send form to [helpdesk@CTHealthLink.khsdirect.com](mailto:helpdesk@CTHealthLink.khsdirect.com).

If you experience any difficulty, please call the Help Desk at 844.424.4368

Participant's Office is responsible for obtaining from the patient any special authorizations required by state law PRIOR to disclosing Sensitive Health Information through the HIE. In certain situations regarding certain types of Protected Health Information, federal and state law may impose more restrictive privacy rules to such sensitive Protected Health Information (Sensitive Health Information) than HIPAA. Depending upon the purposes for which Sensitive Health Information is being sought, the law may require a patient to specifically authorize in writing the disclosure of Sensitive Health Information by signing an authorization for disclosure that contains certain elements. Sensitive Health Information may include but is not limited to:

- Substance abuse records
- Mental health and psychotherapy records
- Genetic testing information
- HIV/AIDS information
- Developmental disability records
- Communicable disease information

Participants CANNOT disclose through the HIE Sensitive Health Information that requires the execution of a specific, written authorization UNLESS Participant obtains any required authorization for disclosure from the patient PRIOR to disclosing the Sensitive Health Information through the HIE. RESPONSIBILITY FOR RESTRICTING THE TRANSMISSION OF SENSITIVE HEALTH INFORMATION RESIDES WITH THE PARTICIPANT. The transmitting Participant shall obtain an appropriate authorization from the patient in accordance with applicable law prior to disclosing or re-disclosing Sensitive Health Information through the HIE.

844.424.4368 | [www.CTHealthLink.com](http://www.CTHealthLink.com)