North Carolina Health Information Exchange Authority
Accountings of Disclosures for Individuals

The North Carolina Health Information Exchange Authority (NC HIEA) is operating North Carolina’s Health Information Exchange, or HIE. The HIE is a secure, electronic network that allows participating medical providers to share your health information with one another. This enables participating physicians, hospitals, laboratories, pharmacies, and other health care providers to have access to important medical information about you that can assist them in making critical medical decisions for you.

Your Patient Record
Your patient record in the HIE will include information about your medications, allergies, laboratory results, and other information gathered during your encounters from your health care provider. Your record will also include your demographic data to help identify you when you visit different health care providers across the state. It will not include any information about you that federal law prohibits sharing without your express authorization, like psychotherapy notes and substance abuse treatment records.

Benefits of the HIE Network
What does it mean to be a part of the HIE network? As a patient, it means having peace of mind in visiting a new health care provider’s office if they are participating in the HIE network. If your information has been uploaded before, your new provider will be able to access that data. This means they can spend less time taking down your history and spend more time treating you.

Participating in the HIE network is even more important if you visit an emergency department at a participating hospital and you are unable to provide critical information about your current health status to hospital staff, including your diagnoses, medications, and allergies.

Who Can See My Record?
Only participating health care providers and other HIPAA covered entities that have signed contracts with the NC HIEA will be able to access your medical information through the HIE. Your HIE data may also be provided to third parties who have entered into contracts with the NC HIEA for limited purposes (i.e. the NC Department of Public Health for immunizations). These contracts ensure that all relevant privacy statutes and regulations are followed in how your health information is viewed, used, and shared. The NC HIEA also has the power to audit the use of patient information by each participating practice and each third party to ensure the law is being followed.

Right to an Accounting of Disclosure
HIPAA requires that health care providers keep a record of all disclosures of your health information to other parties and to provide this record to you for the past six years, with some exceptions. For instance, if your physician disclosed your health information to another provider through the HIE network for treatment, payment, or health care operations, your physician does not need to provide a record of those disclosures to you. However, health care providers do need to keep track of disclosures for certain reasons such as for public health, research, or law enforcement purposes. Please see the HIPAA regulation 45 C.F.R. 164.528 for all of the purposes excluded from the accountings of disclosures requirement.

You can ask your provider directly for an accounting of disclosures of your information, or if you prefer, you can fill out the following form to request a report from the NC HIEA to see where HIE participating providers or the HIE have sent your information. **NC HIEA will never disclose your protected health information if not permitted to do so by HIPAA.** Please note that the NC HIEA is not required to provide a report on disclosures made before March 1, 2016, which is the date the NC HIEA started operating the HIE, or if not required to do so by HIPAA. The NC HIEA will respond to this request within 60 days of receipt, or will notify you that the report is delayed and the reasons for the delay.
North Carolina Health Information Exchange Authority
Accounting of Disclosure Request Form

Please complete and mail to:
NC HIEA, 4101 Mail Service Center, Raleigh, NC 27699-4101

All of the following fields must be completed in order for Accounting of Disclosure to be processed. Please print clearly. Please allow 60 days from the NC HIEA’s receipt of this form for a response.

First Name ____________________________________________ Middle Name __________________________________

Last Name ______________________________________________

Address Line 1 ______________________________________________________________________________________

Address Line 2 ______________________________________________________________________________________

City __________________________ State _______ Zip Code ____________

Date of Birth __________/________/________ Sex __________________________ Email __________________________

(_____) ____________________________ (_____) __________________________
Primary Phone Number Secondary Phone Number

Dates of Disclosures to include in the Accounting (this must be completed):

________________________, _________ to ______________________, _________
Month Day Year Month Day Year

I acknowledge that I have read the “NC HIEA Accountings of Disclosures for Individuals” informational brochure and I understand the NC HIEA is not required to give me a report of disclosures of my health information made for certain purposes as outlined in HIPAA Section 45 C.F.R. 164.528 or for disclosures made before March 1, 2016.

Signature ____________________________________________ Date __________________________