Interoperability Forms for Providers

For Health Plan Use

Interoperability in health care means that doctors and nurses can share and use patient information across different systems and hospitals in a safe and organized way. This is important because having the right information helps patients get the care they need quickly and securely.

Health systems exchange this information using secure technologies called Application Programming Interfaces (APIs). An API allows different computer systems to connect and share data reliably and efficiently.

Your health plan can use the Provider Access Interface to safely share your health information with the doctors and providers who are treating you. This gives your providers quick access to important information, like your medicines, past care, and health information.

By default, your health plan will share most of your health information with your attributed in-network, treating providers through the Provider Access Interface. An attributed provider is a doctor or other healthcare professional who has been identified by your health plan as someone who is actively involved in your care.

Interoperability Forms

- **INTEROPERABILITY MEMBER OPT OUT FOR PROVIDER API -** You have the right to Opt Out of this default information sharing and can do so by completing the Interoperability Member Opt Out for Provider API consent form.

- **INTEROPERABILITY MEMBER CONSENT FOR PROVIDER API -** We will not share information relating to genetic testing, substance use disorder, mental health, abortion, HIV/AIDs, and sexually transmitted diseases unless you provide written consent using the Interoperability Member Consent for Provider API form.

For additional information on Interoperability please visit our website at https://www.cdphp.com/

Please keep a copy for your records

INTEROPERABILITY MEMBER OPT OUT FOR PROVIDER API

For Health Plan Use

The purpose of this form is to **opt out** of Capital District Physicians' Health Plan, Inc. (“Health Plan”) sharing your health information with your healthcare providers through the Provider Access API.

Interoperability Member Opt Out for Provider Application Programming Interface (API) for the "Health Plan"

Section I: Member Information

Last Name	First Name	Middle Initial	Date of Birth
Street Address	City	State	Zip Code
Member Identification Number (located on member ID card)			

Section II: Opt-Out Acknowledgement (Please read and sign)

I understand that:

- I am choosing to opt out of sharing my information through the Health Plan Provider API, except as permitted for Treatment, Payment, and standard Health Care Operations (TPO).
- This opt-out will take effect upon receipt and processing of this request and will remain in place until I choose to opt back in at a later time.
- This opt-out will not affect any information shared before the Health Plan processes my written request.
- The Health Plan will not condition my enrollment, eligibility for benefits, or payment of claims on whether I choose to opt out.
- For certain sensitive health information (such as sexually transmitted diseases, substance use treatment, and abortion-related care), if a minor previously agreed to share that information, the minor needs to complete this form themselves to stop sharing that data.

Signature: _____Date: _____

If this request is from a personal representative on behalf of the member, complete the following:

Personal Representative’s Name: _____

Personal Representative’s Signature _____ Date: _____
Description of Authority: ☐ Parent ☐ Legal Guardian* ☐ Power of Attorney*
☐ Other* _____
**You must provide documentation supporting your legal authority to act on behalf of the member*



For Health Plan Use

Return To:
Capital District Physicians' Health Plan, Inc.
P.O. Box 21494
Eagan, MN 55121