Appendix A - Sample Privacy Notice and Opt-Out Form for Participants

(updated Sept 2026)

Sample Privacy Notice for Manifest MedEx Health Information Exchange

The purpose of this Notice is to advise you that the Manifest MedEx Health Information Exchange (MX) may facilitate electronic sharing of your personal health information among your healthcare providers in order for your medical treatment to be based on as complete a record as possible.

What is a health information exchange?

MX is a health information exchange. [PROVIDER] is a Participant in MX. MX facilitates the electronic transfer of protected health information among participating healthcare providers. MX houses and stores data in a secure environment and also makes the exchange of healthcare data among participating healthcare providers possible.

What information about you will be disclosed through MX?

To the extent permitted by law, [PROVIDER] may disclose your protected health information to other healthcare providers and health plans who request that information via the Exchange. Protected health information in this case includes information that has been created or received by a healthcare provider, which relates to your past, present, or future mental or physical condition, and that is personally or individually identifiable as belonging to you.

In cases where your specific consent or authorization is required to disclose certain health information to others, [PROVIDER] will not disclose that health information to other healthcare providers or health plans participating in MX.

Who may access information through MX?

Providers, hospitals, health plans, public health departments, and/or other entities may exchange data with Manifest MedEx as permitted under HIPAA and required by law. Only the organizations that have a relationship with you are allowed to view your health information. Within the MX portal, only authorized users within an organization are allowed to access your health information.

For what purposes can such information can be accessed?

Information may be accessed for the purpose of your medical treatment, payment, and certain healthcare operations as permitted by federal and California privacy law.

Can you request your medical records and/or an accounting of disclosures of who has received them?

You may access your records or obtain information about who has requested or received them by making a written request to [PROVIDER] to release such data to you in accordance with [PROVIDER]'s policies.

Can you opt-out of sharing your protected health information with your healthcare providers via MX?

You have the ability to opt-out of sharing your PHI through the MX system. Please see the information about opting-out below.

If you do not opt-out of sharing protected health information with your other healthcare providers by way of the Exchange, then your consent to such sharing is assumed.

If you do NOT wish to allow your healthcare providers and health plan to share your protected health information electronically with each other via the Exchange, you may exercise your right to opt-out. The effect of opting-out of the Exchange is that each healthcare provider or health plan will need to request that a copy of your record be transferred by other means, such as by fax.

Opt-out provisions are not applicable to Patient Data which providers or health plans share to support authorization of services to patients, where those patients have already been informed of such sharing by a provider or health plan Notice of Privacy Practices. You may not be denied treatment or enrollment in a health plan or otherwise penalized if you opt-out of sharing your protected health information through MX.

If you opt-out of sharing your protected health information via MX and change your mind, you may opt back in at a later date. All health information collected during the opt-out period will be visible upon opt in.

Your participation in MX is voluntary and you may opt-out at a later date. If you choose to opt-out at a later date, data that has already been shared through MX will not be recalled from the provider(s) who have already received it, but no new data will be shared by MX.

See MX Opt-Out form online at https://www.manifestmedex.org/opt-out/.

Alternate Suggested Language for Notice of Privacy Practices:

[PROVIDER] is a Participant in Manifest MedEx (MX), a Health Information Exchange that facilitates the electronic sharing of health information between healthcare providers to support better informed, safer healthcare. You may choose not to have your health information shared through MX by opting out. However, doing so means MX will not make your health information available to any healthcare providers, even in circumstances of emergency. If you would like to opt-out of MX, please complete and submit the online opt-out form at https://www.manifestmedex.org/opt-out or call (510) 683-1313.

[optional to include] Opt-out provisions are not applicable to Patient Data which providers or health plans share to support authorization of services to patients, where those patients have already been informed of such sharing by a provider or health plan Notice of Privacy Practices.