



# COUNTY OF SAN MATEO HEALTH SYSTEM

TO: San Mateo County Health System Patients/Clients  
FROM: San Mateo County Health System  
DATE: January 2018

The San Mateo County Health System is changing the way patient data is shared and stored. This letter will explain how those changes affect you and give you the option to decline to participate in it.

Our program, SMC Connected Care, will allow all of your care providers, including your doctor, specialist, or counselor, to see your health-related information on a private computer network. This will give your doctors and care providers a more complete understanding of your health history as they develop the best treatment plans for you.

SMC Connected Care will improve the quality, safety, and efficiency of your health care experience. Only the professionals who treat you will see your information. For example, if you see your doctor at your local clinic and you are referred to a specialist at San Mateo Medical Center, your specialist will be able to see your medications, laboratory results, allergies, and reports from your doctor.

SMC Connected Care uses digital security protections that make electronic information storage safer than paper records. Your electronic information is kept private and visible only to the providers of your treatment. It is not shared with other doctors or staff who are not treating you.

The San Mateo County Health System's San Mateo Medical Center, Behavioral Health and Recovery Services, Aging and Adult Services, Family Health Services, Public Health Policy and Planning, and the Mobile Clinic are all part of SMC Connected Care.

Your participation in SMC Connected Care is voluntary. Your participation choice will not affect your ability to receive care from the San Mateo County Health System. You are automatically enrolled in SMC Connected Care unless you choose to opt out (withdraw) from participating. **If you wish to remain in SMC Connected Care, you do not have to do anything.**

If you choose to opt out, your health information will not be shared electronically with San Mateo County Health System providers, except in a medical emergency. It will not be shared if you seek treatment outside of the San Mateo County Health System. Providers may request and receive your medical information through other methods, such as fax or mail.

**Please note: According to Federal and State regulations, clinicians in a medical emergency are authorized to review all clinical information they need to provide appropriate care, even if you have elected to opt out.**

## SMC Connected Care Participation

You are automatically included in SMC Connected Care unless you take an action to opt out. When you have an appointment with your care provider, your information will be securely transmitted to SMC Connected Care and will only be visible to providers of your treatment. **If you wish to participate in SMC Connected Care, you do not have to return the enclosed form.**

If you opt out, San Mateo County Health System providers will not be able to share your health information electronically. **Your information will only be accessible via SMC Connected Care in the event of a medical emergency.**

If you use the paper version of the form, your options to return it include:

1) U.S. Mail. Send to the address below:

Health IT – SMC Connected Care  
HLT 362  
225 37<sup>th</sup> Avenue  
San Mateo, CA 94403

2) Fax to:

(650) 573-3626  
Attn: SMC Connected Care

3) Return the form to a San Mateo County Clinic.

Please note that it will take up to three business days to process your request upon receipt. You will receive a letter via U.S. mail confirming your opt out selection. Please write clearly as content that is illegible will be returned.

If you opt out and change your mind, you have the option to opt back in at a later date by visiting our website at [www.smchealth.org/connectedcare](http://www.smchealth.org/connectedcare) and completing an online form.

For questions or assistance with SMC Connected Care, please visit [www.smchealth.org/connectedcare](http://www.smchealth.org/connectedcare).

*This form is required **only if you wish to opt out** of SMC Connected Care.*

**San Mateo County Connected Care  
Opt Out of Participation Notification**

By completing this form, I DENY CONSENT to ALL of the participating providers to access my electronic health information through SMC Connected Care, **except in the event of a medical emergency.**

**Identifying Information**

Patient/Client Name:

\_\_\_\_\_ (Please print)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street Address:

\_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If signed by someone other than the patient, please print name below and indicate relationship.

\_\_\_\_\_  
Print Authorized Representative's Name

\_\_\_\_\_  
Relationship to patient/client

*A separate form must be completed for each individual patient, including family members and minors.*