“Information blocking” is not simply the absence of interoperability. As depicted in AMIA’s “Socio-Technical Interoperability Stack,” interoperability may not occur for myriad reasons. In addition to being dependent on standards for syntax, semantics, and transport, interoperability within the healthcare context needs agreement on when and how data should be presented within workflows. Which data appear in a patient’s record on what timeline may change depending on clinical workflows, types of data, and patient characteristics. Healthcare interoperability also depends on a host of public policies, such as 42 CFR Part 2 or HIPAA, as well as business drivers, intellectual property, contractual obligations, and medico-legal interpretations.