

Excellence in Women's Healthcare
Health Information Exchange Opt-Out Form

Patient Name(first, last, and middle initial)	Date of Birth
Address (street, city, state, zip)	Phone Number ()

A Health Information Exchange (HIE) is a function in our electronic medical record that can share clinical information, such as test results, current medication, allergies, and other clinical information vital to your care with other healthcare providers who use the same or compatible electronic medical record system. Certain demographic information used to identify the individual, such as name, birth date, and address, may also be shared. As permitted by state law, your health information will be share in the HIE in order to provide faster access, better coordination of care, and assist in making more informed decisions. You have the right (1) to opt out and prevent searching of your health information available through Excellence in Women's Healthcare's electronical medical record, or (2) revoke a prior opt out and opt back in to the HIE.

Opt Out: I do **not** want my health information to be included in the HIE. I have read and fully understand the information provided to me regarding _____. To opt out of the HIE, you must complete and sign this form and give it to the staff member at Excellence in Women's Healthcare. This information will be shared with Mercy Medical Center.

Revoking an Opt Out/Request to Opt In: I am revoking my previous request to opt out of the HIE and give my permission to include my information in the HIE. A revocation and opt back in must be done in person and requires identification.

Signature of Patient or Authorized Representative	Date	Time
Name of Authorize Representative		
Address of Authorized Representative		

Signature of staff of Excellence in Women's Healthcare	Date Received
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