

Health Information Exchange (HIE) OPT-OUT Form



Name: _____

Date of Birth: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

E-mail: _____

A Health Information Exchange (HIE) allows your medical information to be available and viewed electronically by doctors and your medical team members. An HIE is designed to provide quick access to medical records to make treatment more effective and efficient. Your medical information in the HIE will meet HIPAA¹ privacy and security requirements, and state laws.

Benefits for You

- The HIE helps your doctor get more information about you to help with your medical care.
- The HIE provides quick access to pertinent medical records. Without the HIE, this information would have to be obtained by fax or mail.
- The HIE may limit the need to repeat tests that have already been done.
- Your medical team will be able to see important information that you may not be able to provide because of confusion, stress or other medical emergencies.
- Your medical team could see the medicines you are, or have been, taking and any allergies you may have.

I have considered whether to allow my information to be viewed in the HIEs in which Hospital Authority of Miller County (HAMC) participates. I have decided to **OPT OUT** and **NOT** allow information to be viewed on the HIEs in which HAMC participates. By choosing to **OPT OUT** of the HIEs, I hereby acknowledge and agree as follows:

1. **Opting out of the HIEs may delay access to important medical information.**
2. **Any information that is shared before I submit this HIE OPT OUT form may remain with providers who accessed information before this OPT OUT went into effect.**
3. **My HIE OPT OUT selection will remain in effect until I complete an "OPT BACK IN" form.**
4. **This HIE OPT OUT request may take up to 3-5 business days to take effect.**

If this form is signed by someone other than the person named above, the person signing the form hereby certifies that he/she is acting as: (Check One) Parent Legal Guardian Healthcare Power of Attorney for the person named above.

Printed Name: _____ Signature: _____ Date: _____

[1] Health Insurance Portability and Accountability Act of 1996 - The HIPAA Privacy Rule provides federal protections for individually identifiable health information held by covered entities and their business associates and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of health information needed for patient care and other important purposes.

HAMC office use only in this section.

HAMC Staff Name/Number: _____ / _____ Signature: _____

LABEL



Date Entered in Registration System: _____