



## Health Information Exchange Opt-In/Opt-Out Form

Patient Name (first, last, and middle initial)	Date of Birth
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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 a name, birth date, and address, may also be shared. As permitted by state law, your health information will be shared in the HIE in order to provide faster access, better coordination of care, and assist in making more informed decisions.

**Opt In:** I do want my health information that is stored in SRCHC electronic medical record to be included in the HIE. I have read and fully understand the information provided to me.

**Opt Out:** I do **not** want my health information that is stored in SRCHC electronic medical record to be included in the HIE. I have read and fully understand the information provided to me. To opt out of the HIE, you must complete and sign this form and give it to the individual who is registering you into our facility.

**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.

Signature of Patient or Authorized Representative	Date
Name of Authorize Representative	

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### FOR INTERNAL USE ONLY

Signature	Date Received
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