Health Information Exchange (HIE) Opt-Out Form

This form is to be completed by patients who **<u>DO NOT</u>** wish to participate in Carilion Clinic's Health Information Exchange (HIE).

Patient's Full Name	 Date of Birth
Street Address	Phone (Home or Cell)
City, State, Zip Code	Primary Care Provider (optional)
Email Address	

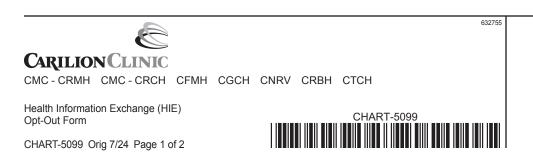
A Health Information Exchange, or HIE, is the secure electronic sharing of health information across other organizations. Exchanging information electronically is a faster way to share your health information with healthcare providers treating you. For example, if you go to a hospital emergency room that participates in the HIE, the emergency room physicians would be able to access your Carilion Clinic health information to help make treatment decisions for you.

Unless you opt out, any authorized non-Carilion Clinic healthcare provider who agrees to participate in the HIE can electronically access and use your Protected Health Information if needed to provide treatment to you.

If you opt out of participation in the HIE, your non-Carilion Clinic healthcare providers will NOT be able to search for your health information through the HIE to use while treating you. However, healthcare providers may still request and receive your medical information from other providers using other methods permitted by law, such as fax, mail, or other electronic communications.

I acknowledge and agree as follows:

- I request that my Carilion Clinic health information no longer be shared through the Health Information Exchange (HIE) to all non-Carilion Clinic healthcare providers involved in my care who participate in or are connected to the HIE:
- I understand that by making this selection, none of my non-Carilion Clinic healthcare providers will be able to
 electronically access my health information maintained by Carilion Clinic via HIE, even in cases of medical
 emergency;
- I understand that this Opt-Out request only applies to sharing my health information through the HIE system. I recognize that when I see a healthcare provider for treatment, that provider may request and receive my medical information using other methods provided by law, such as fax, telephone, email, or mail;



PATIENT IDENTIFICATION

Health Information Exchange (HIE) Opt-Out Form

- I understand that this HIE Opt-Out Request does NOT mean that I am opting out of all other healthcare organization HIEs. I understand that if I wish to opt out of another HIE, I must communicate with each of my healthcare providers participating in such other HIEs;
- I understand that any information that is disclosed before I submit this request cannot be taken back and will remain with the healthcare provider if the provider has access to such information;
- I understand that once this Opt-Out goes into effect, I can change my decision only by submitting a Carilion Clinic HIE Reinstatement of Participation form;
- This request to opt out can take up to 72 hours to take effect.

If this form is signed by someon certifies that he/she is acting as	•	erson named above, the	person signing the fo	orm hereby	
Choose one: ☐ Parent	□ Legal Guardian	□ Other <i>(please specify)</i>			
Contact information for the indi	ividual completing th	nis form if other than the	patient.		
Print Name		Phone Number			
Signature of Patient or Patient's	Legal Representation	ve	Date	Time	
Relationship to Patient / Descrip	otion of Authority to A	Act			
Return completed form to any Medical Records department o			Staff Use Only:		
Carilion Clinic Attn: Medical Records			Received:		
1906 Belleview Avenue Roanoke, VA 24014			Initials:		
· · · · · · · · · · · · · · · · · · ·					

CARILION CLINIC CMC-CRMH CMC-CRCH CFMH CGCH CNRV CRBH CTCH

Fax: (540) 981-7868

Health Information Exchange (HIE) Opt-Out Form

CHART-5099

PATIENT IDENTIFICATION

CHART-5099 Orig 7/24 Page 2 of 2