



## Health Information Exchange Patient Opt-Out Form

This form is to be completed by patients who do not wish to participate in the ClinicalConnect Health Information Exchange (HIE).

Effective Date: June 2012

A Health Information Exchange (HIE) is a way that health care providers can securely share your health information among participating providers who provide healthcare services to you. This gives your participating caregivers the benefit of accessing the most current information available from your other participating caregivers when they take care of you. If you choose not to participate in the HIE ("opt-out"), your doctors and staff will not be able to access your health information in the HIE. Additional information regarding ClinicalConnect HIE is included with your provider's HIPAA Notice of Privacy Practices.

To opt out of the ClinicalConnect Health Information Exchange, complete this form and return to UPMC.

### Required Information for Patient Opting Out (Please print clearly)

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex (M/F) \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

If this form is signed by someone other than the person named above, the person signing certifies that they are acting in the capacity indicated below on behalf of the person named above:

(CHECK ONE)  Parent  Legal Guardian  Other (specify relationship) \_\_\_\_\_