

Health Information Exchange OPT OUT Request Form

The Seattle Children's Hospital Health Information Exchange (HIE) is a way for doctors and other healthcare providers who participate in the HIE to share your health information through secure, electronic means. The purpose of sharing information through the HIE is for each of your participating providers to have the most recent information from your other participating providers when taking care of you.

Patient Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

To OPT OUT of the Health Information Exchange: Initial statements below

If you opt out of participating in the HIE, your participating providers will not be able to access your health information through the HIE to use while providing care to you, even in emergency situations. Your providers will still be able to request and receive your health information through other methods permitted by law, such as fax or mail.

Please initial that you have read, understand and agree to each of the following statements:

_____ I Wish to opt out of the HIE. I understand that by making this selection, my health information will not be available to any of my healthcare providers through the HIE, even for a medical emergency.

_____ I understand that my selection to opt out of the HIE only applies to sharing my health information through the HIE. I understand that my healthcare provider may request and receive my health information from other providers via other methods permitted by law, such as fax or mail.

_____ I understand that my selection to opt out of the HIE will remain in effect until I change my selection in writing by completing a Seattle Children's Health Information Exchange Opt-In Request.

_____ I understand that any health information disclosed to my healthcare providers before I submit this HIE opt-out form cannot be taken back, and will remain with my providers who may have accessed such information before this opt-out took effect.

_____ I understand my selection to opt out of the HIE may take 5 business days to take effect.

To OPT OUT of the HIE, patients 13 years and older may sign WITHOUT parent/legal representative signature.

Patient (Print Name)

Signature of Minor Patient (age 13-17)

Date

Time

Parent/ Legal Representative Signature of Parent/Legal Representative
(Print Name)

Date

Time

Relationship to Patient: _____ Phone Number (_____) _____

You may:

Give form to clinic or unit staff to forward to Health Information Management Department
Mail or Fax to Health Information Management Department (see address/ fax below)

Hand deliver to Health Information Management Dept; Monday-Friday between 8 am. to 4 pm.

PO Box 5371, Mail Stop OC6.820

Seattle, WA 98145-5005

Phone: 206-987-4444 FAX: 206-985-3252

For more information about the HIE, opting out, or rejoining the HIE visit www.Seattlechildrens.org/HIE