



Health Information Exchange (HIE) Opt-Out Form

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____

Memorial's Health Information Exchange (HIE) is a secure, electronic way of sharing health information among participating doctors' offices and other healthcare providers. An HIE is important because sharing health information improves care. Memorial Health HIE helps your participating providers share information in a timely manner and more effectively coordinate your care.

After considering my option of participating in the Memorial Health HIE, I have decided to OPT OUT and NOT participate in the HIE. By choosing to OPT OUT of the HIE, I hereby acknowledge and agree as follows:

1. Opting out of the HIE may delay access to important medical information.
2. My health information will not be shared among healthcare providers through the HIE. Instead, my providers will continue to share my information via previously established methods, such as phone, fax, or mail.
3. My health information will NOT be shared with other HIEs in which Memorial Health may participate.
4. 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.
5. My HIE Opt-Out selection will remain in effect unless I change it in writing; and
6. This request can 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 Other (Specify Relationship) _____ for the person named above.

Printed Name: _____ Date: _____

Signature: _____

Please forward the completed and signed HIE Opt-Out Forms to Memorial's HIE by one of the following methods:

1. Fax to: 912-350-8875
2. Mail to: Memorial Health University Medical Center
Health Information Management
4700 Waters Avenue
Savannah, Georgia 31404

Memorial
H E A L T H
University Medical Center

**HEALTH INFORMATION EXCHANGE (HIE)
OPT-OUT FORM**

Patient ID Area