Vale-U-Health Regional Health Information Organization (VUH RHIO)
Health Information Exchange (HIE)
Opt-Out Form

I hereby acknowledge and agree as follows:

1. I WISH to **OPT OUT** of the Vale-U-Health Regional Health Information Organization's Health Information Exchange. I understand that **NONE** of my health care providers will be able to **share or access** my health information maintained anywhere in the HIE, even in cases of a medical emergency.

2. I UNDERSTAND that my providers who originally generated information about me will continue to have access to my information, but only in the medical record that ***they*** created for me, or by obtaining it via previously established methods.

3. I UNDERSTAND that this **HIE Opt -Out** will NOT allow the VUH RHIO to make my health information available to other connected health information exchanges with whom VUH RHIO participates, even in cases of a medical emergency.

4. I UNDERSTAND that this HIE Opt -Out does NOT cover or effectuate my opting out of any other HIE. I UNDERSTAND that if I wish to opt-out of another HIE, I am responsible for approaching my provider participating in such other HIE(s) about how I can do that.

5. My **HIE Opt-Out** selection will remain in effect unless I change it in writing by signing a Consent Form to participate in the VUH RHIO Health Information Exchange.

6. I have had an opportunity to have all my questions about this "HIE Opt –Out" and any others answered.

7. I UNDERSTAND that this will not affect my ability to receive medical care.

8. Any information that was disclosed before I submitted this HIE Opt –Out cannot be taken back and will remain with a provider who may have accessed such information before this Opt –Out went into effect.

_____ _____
Signature Date

AUTHORITY OF REPRESENTATIVE:

I, _____, do hereby state that I am authorized to sign this permission on behalf of the patient on the following basis: _____
_____
_____
Relationship to Patient:_____