Health Information Exchange (HIE) Request to Opt Out

(I do **not** want to share my health records.)

Please review each of the following statements:

I am signing this form because I do not want my health records shared with my doctors and health care team members through a Health Information Exchange with other health care providers outside the St. Luke's Hospital network.

Signing this request means that my doctors and caregivers outside the St. Luke's Hospital network will NOT be able to see my electronic health records through a Health Information Exchange, this may include even in an emergency. My physicians within the St. Luke's Hospital network will still have access to my health information at St. Luke's Hospital or St. Luke's Des Peres Hospital, and if needed my health information can be shared directly with another provider outside of the St. Luke's Hospital network for care and treatment purposes in an emergency.

This "Request to Opt Out" cancels any written consent to share my health records that I completed before this date; however, my health care team is not required to remove any of my health records that were shared with them before this date.

This "Request to Opt-Out" only applies to the sharing of health information through a Health Information Exchange. My health care providers may have access to my health information using other methods, such as by fax, telephone, email, or mail.

I voluntarily made the decision to opt-out and may choose to participate in a Health Information Exchange again at any time by signing a "Health Information ExhangeExchange (HIE) Consent" form.

It may take between 2 - 5 business days after receipt to process this "Request to Opt-Out" and to prevent the sharing of my health information through a Health Information Exchange.

Printed Patient Name _____ Patient Date of Birth _____

Patient Address _____ City _____ State _____ Zip Code _____

Signature of Patient or Legal Representative _____ Relationship to Patient _____ Date and Time of Signature _____

Form# SL-1866B
MHC AUTHORIZATION TAB
Barcode: MHCAUT
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