

MRN:

HEALTH INFORMATION EXCHANGE (HIE) OPT – OUT/CANCELLATION OF PRIOR OPT-OUT FORM

RWJBarnabas Health (RWJBH) participates in Health Information Exchanges (HIE). An HIE is a way of sharing your health information among participating health care providers including other hospitals through a secure network. An HIE is designed to provide each of your participating providers quick access to the most recent information about you to make your treatment more effective and efficient. Your participation in HIEs in which RWJBH participates is voluntary and subject to your right to opt-out. You do not have to participate in an HIE to receive care from us, although note that opting out of an HIE does not stop us from using or sharing your information with other health care providers outside of the HIE as described in our Notice of Privacy Practices.

Please complete this form to opt out of the RWJBarnabas HIEs and Care Everywhere. If at any time, you wish to reverse your decision, you may opt back in by completing this form again and indicating below that you'd like to reverse your opt out.

Please submit your completed form in one of the following ways:

- By Mail: **RWJBH Corporate HIM
Data Integrity Department
2 Crescent Place
Oceanport, NJ 07757**
- By Email: **DataIntegrity@rwjbh.org**
- In Person: Return this form to the Hospital HIM office or to your RWJBH provider's office (*The completed form will sent to the Data Integrity Department for processing*)

Patient First Name	MI	Last Name
Date of Birth (mm/dd/yyyy)		Mailing Address
Phone Number		Email Address

- OPT OUT:** I request that my health information be excluded from the RWJBarnabas HIEs and Care Everywhere HIE. I understand that this means that my non-RWJBH health care providers will not be able to obtain my health information through those HIEs, even in the case of an emergency, except to the extent action has already been taken to release information, and they may still obtain my information through other methods.
- I GIVE CONSENT to REVERSE MY OPT OUT (OPTING BACK IN):** I previously chose to opt out of the RWJBarnabas HIEs and Care Everywhere HIE and not allow my health information to be electronically available to my other (non-RWJBH) providers. I am now choosing to participate (Opt-In) and cancel my prior decision and allow my RWJBH health information to be electronically shared via the RWJBarnabas HIE and the Care Everywhere HIE.

Patient/Authorized Representative Signature: _____ Date: _____

If Signed by Authorized Legal Representative and not by the Patient, please attach copies of Legal Authority and Print Name of Representative and Relationship to Patient _____