

# NORTHSIDE HOSPITAL

## HEALTH INFORMATION EXCHANGE OPT OUT FORM

This form is to be used **only** by patients who **do not wish to** participate in Health Information Exchanges

Full Patient Name (print): \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Northside participates in one or more Health Information Exchanges, or HIEs. A HIE is designed to allow your health information to be electronically exchanged between your healthcare providers participating in the HIE to enable them to better coordinate your healthcare needs. Your participation in a HIE is voluntary and you may elect to opt-out by completing this form. If you elect to opt out of the HIE, it may impact what information your providers have available when providing your care. Unless you opt-out, your health information will be shared in the HIEs.

While Northside takes reasonable steps to limit your sensitive health information (mental health, substance abuse, HIV/AIDS, genetic information, and reproductive health information) from being released to the HIEs to the extent possible, information about these conditions may be apparent in other medical information that Northside shares with the HIEs. By participating in the HIEs, you understand that some sensitive information may be released to the HIEs. If you have concerns about this type of information being shared in the HIEs, you may wish to opt out of HIE data sharing.

By completing this form, you have elected to **OPT-OUT** of participation in all HIEs chosen by Northside including all healthcare facilities and medical practices owned and/or operated by Northside. By choosing to OPT-OUT, you hereby acknowledge and agree as follows:

- You understand that, by opting out, your Northside health information created after you opt-out will no longer be accessible by other participants through the HIEs as of the date your opt-out request takes effect.
- Opting out of the HIEs may affect what information your providers have available when providing your care.
- Your Northside health information created after opting-out may not be viewable through the HIEs, but will continue to be available to your treating providers through previously-established methods, such as phone, fax, secure message, or mail.
- Requests to opt out may take several days to honor and will not apply to any information exchanged with other HIE participants before that date.
- You understand that you may opt back in to participation in the HIEs at any time by submitting a Health Information Exchange Opt Out Revocation Form, available at [www.northside.com/hie](http://www.northside.com/hie).

By signing below, you understand and agree **that you wish to opt out of participation in the HIEs** according to the terms of this document. If you are signing on behalf of the patient, you are signing in a representative capacity and affirm that you have the legal authority to agree to these terms on behalf of the patient and bind the patient to these terms.

*Only complete if patient unable to sign:*

\_\_\_\_\_  
Signature of Patient or Legally Authorized Representative

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Reason Patient Unable to

\_\_\_\_\_  
Date

Please return the completed form to the following postal or email address or fax:  
Northside Hospital, Attn: Health Information Services - Internal Support, 1000 Johnson Ferry Road  
Atlanta, GA 30342

Email: [HSInternalsupport@northside.com](mailto:HSInternalsupport@northside.com)

Fax: 404-851-8102

**Please Note:** If you submit this form via e-mail, you understand that e-mail messages may be an unsecure method of transmitting information and accept the risks of using email.