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KAISER PERMANENTE®

Mid-Atlantic States

HEALTH INFORMATION EXCHANGE OPT OUT REQUEST FORM

Original: 07/26/2013 Revised: 4/30/2020

MR #: _____

Name: _____

Sex/.BD: _____

Health Information Exchange ("HIE") is the electronic sharing of health information between Kaiser Permanente Mid-Atlantic States (KP MAS) and participating health care organizations, including other KP regions and unrelated third-party providers. KP MAS operates an HIE Network among Kaiser Permanente regions and participates in several HIE networks with other health care providers outside of KP MAS. Most important, HIE enables KP MAS to swiftly share your medical information with other KP regions and other participants for purposes of treatment. HIE also permits KP MAS to provide your medical information to public health authorities and other government agencies as required by law, and to health plans and other KP regions and participants for additional purposes subject to your approval. Opting out could deprive emergency physicians and other providers who are unfamiliar with your medical history of vital, possibly life-saving information which they could otherwise obtain through HIE.

HIE participants like KP MAS are required to meet rules that protect the privacy and security of your health and personal information. If you do not want KP MAS to share your health information through an HIE network, please complete this form and send to the fax number or email address listed below. By completing this form, you request and understand that:

- KP MAS will not send your health information electronically through an HIE to any other KP regions or outside organizations, except that public health reporting through an HIE, in accordance with laws such as the reporting of infectious diseases, will not be affected by this opt-out.
- You cannot choose to participate in one KP MAS HIE network and not another, or request that one type of health information be exchanged and not another.
- When you see a physician for treatment outside of KP MAS, that physician may request and receive your medical information from KP MAS through other methods, such as secure email or mail.
- This Opt-Out does not prevent other healthcare organizations and/or other Kaiser Permanente regions from sending your health information from their organizations electronically through an HIE, including sending it to KP MAS.
- If you do not want your health information sent through an HIE from those organizations, you must opt out individually with each organization and/or Kaiser Permanente region.

A request to opt out of an HIE will be effective approximately five (5) business days after receipt by KP MAS and will not apply to any information sent through the HIE or exchanged with other participants in an HIE network before that date. You are free to opt back in at any time by completing an Opt-In Request Form that can be obtained from Member Services or downloaded from kp.org.

A separate form must be completed by each family member wishing to Opt-Out. Please complete all of the below required fields for accurate processing.

Patient Name *(print)*	**Health Record #**	**Date of Birth**	**Mailing Address**	**Telephone #**

X Signature (Required) _____ **Date** ___ | ___ | _____

If signed by someone other than the patient, please print name below and indicate relationship. Submit documents to show authority.

_____ _____

Print Authorized Representative's Name Relationship to patient

Once this form is complete, please return to:

FAX: 855-889-3320 or EMAIL: MASHIEOPT@kp.org

For Kaiser Use Only:

1. Print Staff Name: _____
2. Dept: _____ Ph#: _____
3. Date Received: ____ | ____ | _____