

# NORTHSIDE HOSPITAL

## HEALTH INFORMATION EXCHANGE OPT OUT REVOCATION FORM

This form is to be used **only** by patients who previously opted out of participation in the HIE and wish to **revoke their opt out**

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

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

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

Northside participates in one or more Health Information Exchanges, or HIEs. HIEs are designed to share your health information by electronic means with your health care providers in the HIEs to better coordinate your healthcare needs.

If you previously submitted a form to opt out of the HIEs to Northside, you “opted out” from all HIE participation. If you have changed your mind and would now like to share your health information with the HIEs, you may elect to opt back in to Northside sharing your health information with the HIEs by completing this form. By completing this form, you are electing to revoke your previous opt out and now wish to OPT IN to participation in all HIEs chosen by Northside, including all healthcare facilities and medical practices owned and/or operated by Northside. By choosing to complete this form and OPT IN, you hereby acknowledge and agree as follows:

- You previously exercised your right to opt out of the HIEs, but you have changed your mind and would like to revoke your prior decision to opt out of the HIEs. You would now like to opt back in and allow your health information to be shared by Northside through the HIEs.
- Your health information from both before and after the date you sign below will be shared through the HIEs.
- Requests to opt back in to HIE participation may take several days to honor.
- While Northside takes reasonable steps to limit sensitive health information (such as mental health, substance abuse, HIV/AIDS, genetic information, and reproductive health information) from being released to the HIEs, 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 your sensitive health information may be released to the HIEs. If you have concerns about this type of information being shared with the HIEs, you may wish to continue to opt out of HIE participation and not complete this form.
- You understand that you may opt out of participation in the HIEs again at any time by submitting a new HIE Opt Out 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.