



# Health Information Exchange Patient Opt-Out Form

This form is to be used by patients who do not wish to participate in the regional Health Information Exchange (HIE)

A Health Information Exchange, or HIE, is a way of sharing your health information among participating doctors' offices, hospitals, care coordinators, labs, radiology centers, health plans and other health care providers through secure, electronic means. The purpose is so that each of your participating healthcare providers can have the benefit of the most recent information available from your other participating providers when taking care of you. When you opt out of participation in the HIE, doctors and nurses will not be able to search for your health information through the HIE to use while treating you. Your physician or other treating providers will still be able to select the HIE as a way to receive your lab results, radiology reports, and other data sent directly to them that they may have previously received by fax, mail, or other electronic communications. Additionally, in accordance with the law, public health reporting, such as the reporting of infectious diseases to public health officials, will still occur through the HIE after you decide to opt out. Controlled and Dangerous Substances (CDS) information, as part of the West Virginia Controlled Substances Monitoring Program (CSMP), will continue to be available through the HIE to providers.

This opt-out form only needs to be completed once to opt out of the HIE; it is not necessary to complete for each provider. If you wish to reverse your decision you may opt back in at any time by calling WVHIN at 1.844.468.5755.

You have several options for opting out of the WVHIN Health Information Exchange. Please select one below.

1. Fill out this form and fax your completed form to 443.817.9587
2. Fill out this form and email your completed form to [wvhinsupport@crisphealth.org](mailto:wvhinsupport@crisphealth.org)
3. Fill out this form and mail your completed form to:  
WVHIN, 7160 Columbia Gateway Drive, Suite 100, Columbia, MD 21046
4. Fill out an electronic version of this form by visiting the WVHIN website at <http://www.wvhin.org>
5. Call 1.844.468.5755

### Information for Patient Opting Out (Please PRINT Clearly)

First Name*	Middle Name	Last Name*
Address Line 1*		
Address Line 2		
City*	State*	Zip Code*
Primary Phone Number*		Secondary Phone Number
Email	Date of Birth*	Sex (M/F/Other)*

I would like to be notified of my participation choice in the following way (contact information must be included on form):\*

- Email  
  Phone Call  
  Letter  
  Text  
  No Notification

### Please Select:

**Opt-Out of All Sharing – Opt out of all sharing of your information through health information exchange, including research. Your data will not be available in an emergency or for any of your healthcare providers.**

Reason for Opting Out (optional) \_\_\_\_\_

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

If this form is signed by someone other than the person named above, the person signing the form hereby certifies agency as: (Select one)

Parent   Legal Guardian   Other (Specify relationship to patient): \_\_\_\_\_

Contact information for individual completing this form (if other than patient):

Print Name <b>*REQUIRED</b>	Phone Number
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