



## HEALTH INFORMATION EXCHANGE OPT-OUT/OPT BACK-IN REQUEST

Brown University Health affiliates and its health care providers (Brown University Health) participate in several Health Information Exchanges (HIEs) including *Care Everywhere*®, Carequality, eHealthExchange and Rhode Island Quality Institute’s CurrentCare, which are permitted by law to receive and exchange certain of your electronic protected health care information (ePHI) without your written permission. Subject to strict security and confidentiality protections that govern these HIEs, Brown University Health shares your health care information that is needed to treat you, facilitate payment, and for health care operations and/or certain permitted public health activities. Specially protected health care information such as alcohol and substance abuse, HIV/STD and mental health information from certain Brown University Health facilities and units, are not part of those exchanges. Brown University Health believes that the sharing of your health care information among the physicians who treat you is especially helpful in the continuity and coordination of your health care, important for your safety, and improves the quality and value of your health care.

You may request Brown University Health to stop sharing your health care information between Brown University Health and its participating HIEs; most but not all can be automatically excluded from all HIEs to the extent it is technically feasible by Brown University Health and not required by law. To have Brown University Health exclude your health care information described above between Brown University Health and its participating HIEs, you must check the “Opt Out” box and sign this form.

If, in the future, you want to change your Opt-Out decision, you must complete a new form and send it to your local Brown University Health health information management location (Medical Records). Your request will be processed within 5 business days of receipt.

PLEASE PRINT

First Name	MI	Last Name
Date of Birth (mm/dd/yyyy)		Daytime Phone

Opt Out: I request that Brown University Health stop sharing my Brown University Health health care information With its participating HIEs listed above. I understand this means that other health care providers and HIE participants will not be able to obtain my health information except to the extent action has already been taken to release information, and they may still obtain it through other methods.

Reverse my Opt Out: I previously chose to opt-out of sharing my Brown University Health health care information with its participating HIEs and not allow my Brown University Health health information to be electronically available to other health care providers and HIE participants. I am now choosing to participate back in (Opt-In) and allow my Brown University Health health information to be electronically available. By checking this box and signing this form, I am reversing my prior request to exclude my Brown University Health health care information from Brown University Health participating HIEs. In opting out, the ability for Brown University Health to send or another organization to query Brown University Health for information is suspended. Upon opting back in, information suspended during opt-out time frame would be released.

Patient / Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Authorized Representative, Relationship to Patient: \_\_\_\_\_

Print Representative Name: \_\_\_\_\_