

REVOCATION OF PRIOR HEALTH INFORMATION EXCHANGE (HIE) OPT-OUT

Name: _____

Date of Birth: __/____/____

Street Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

e-mail: _____

I hereby acknowledge and agree as follows:

1. I WISH TO REVOKE (change) my prior decision to Opt-Out of the INSPIRA eHealth Connection HIE, and now I **specifically AUTHORIZE** my information maintained in the INSPIRA eHealth Connection HIE to be electronically available to my providers;
2. I UNDERSTAND that by making this selection, now ALL of my authorized providers who participate in the <Named> HIE or are connected to the INSPIRA NJSHINE HIE will have access to my health information maintained in the INSPIRA NJSHINE HIE.
3. I UNDERSTAND that by making this selection, my health information may be accessible by other Health Information Exchange(s) with whom the INSPIRA NJSHINE HIE participate.
4. I UNDERSTAND that this Revocation can only be changed if I specifically submit a new HIE Opt-Out form;
5. I have had an opportunity to have all my questions regarding this “Revocation of Prior Opt-Out” and others answered; and
6. This request can take **2 business days upon receipt** to take effect.

Signature: _____

Date: _____

Legal Representative Name: _____

Relationship to Patient: _____

Date Received by INSPIRA: _____

INSPIRA Signature: _____

Completed and signed Revocation of Prior INSPIRA Health Information Exchange Opt-Out form can be returned to the INSPIRA Health Information Management Department; faxed to 856-575-5022 or mailed to:

***INSPIRA eHealth Connection HIE
South Jersey Healthcare
1505 West Sherman Ave
Vineland NJ 08306***

Effective July 2012