



Children's Medical Group, P.C.
Health Information Exchange (HIE) Change Request Form

A Health Information Exchange (HIE) is a way of sharing health information with other participating health care providers through a secure, electronic means so that health care providers have the benefit of the most current available information. Children's Medical Group participates in HIEs in order to best facilitate and coordinate your health care.

PRIVACY AND SECURITY. Children's Medical Group is committed to keeping your electronic health record private and secure. Clear and strict federal and state guidelines govern how your health information can be exchanged, viewed, or used. Only individuals and entities that care for you will be able to view your health information, and only when needed to provide or coordinate your care, make referrals, or as otherwise required by law.

HEALTH INFORMATION EXCHANGE BENEFITS. Children's Medical Group participates in HIEs to make patient information available electronically to participating hospitals, doctors, and other participants. We may also receive information about patients from other participants in the HIE. We expect that using HIEs will provide faster and more complete access to your information so you can make better informed decisions about your care.

For more details of HIE benefits, please visit the following link:

<https://www.healthit.gov/topic/health-it-basics/hie-benefits>

YOU CAN CHOOSE NOT TO PARTICIPATE (OPT OUT). Participation is voluntary and will not affect your ability to receive medical care. If you opt out, the HIE will block access to your health information, even for emergency treatment. This means that it may take longer for your healthcare providers to get medical information they may need to treat you. Even if you do not want to participate in HIEs, state law reporting requirements will still be fulfilled through public health registries.



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OPT OUT: I DO NOT WANT my information visible within the HIEs in which Children's Medical Group Participates.

If you opt-out and later decide to reverse that decision, please contact Children's Medical Group to sign another HIE consent form to cancel your opt-out. Your health information from the period during which you had opted-out may be available through the HIEs after you decide to Opt-In.

- I understand that any of my health information received by any Children's Medical Group provider or affiliate WILL NOT BE VISIBLE in the HIEs in which Children's Medical Group. THIS INCLUDES EMERGENCY SITUATIONS.
- I understand that I am free to revoke this Opt-Out request at any time and can do so by completing a new Children's Medical Group Health Information Exchange Change Request Form.
- I understand that this request only applies to sharing my health information with Health Information Exchanges and that a health care provider may request and receive my medical information from other providers using other methods permitted by law, such as fax or e-mail.

OPT IN/CANCEL OPT-OUT: I WANT my information visible within the HIEs in which Children's Medical Group participates

Signature of Patient/Parent/Guardian

Relationship

Date Signed

(A separate form must be filled out for each family member requesting to opt out or to cancel opt out. All fields are required for form to be processed. Phone number is required in case we need to contact you to ensure accuracy of information.)

Patient's First Name: _____ Patient's Middle Name: _____

Patient's Last Name: _____ Date of Birth: _____ (MM/DD/YYYY)

Previous Name(s) or Nicknames: _____ Gender: Male Female

Street Address: _____ City: _____ State: _____ Zip Code: _____

Parent/Guardian's First Name and Middle Initial: _____

Parent/Guardian's Last Name: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____