

ATLANTICARE KeyHIE®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 **OPT OUT of the AtlantiCare KeyHIE®**. I understand that by making this selection, **NONE** of my healthcare providers will be able to access my health information maintained on the KeyHIE®, even in cases of a medical emergency;

2. I understand that my providers who originally generated information about me **will continue to have access** to my information, but only in the medical record that *they* created for me, or by obtaining it via previously established methods;

3. I understand that this **HIE Opt-Out** will NOT allow AtlantiCare to make my health information available to other connected HIEs with whom AtlantiCare participates, even in cases of a medical emergency;

4. I understand that this KeyHIE® **Opt-Out** does NOT cover or effectuate my opting-out of any other HIE. I understand that if I wish to opt-out of another HIE, I am responsible for approaching my provider participating in such other HIE(s) about how I can do that;

5. My KeyHIE® **Opt-Out** selection will remain in effect unless I change it in writing. I understand that once this KeyHIE® **Opt-Out** goes into effect, I can change my mind **only by** submitting a Cancellation of Prior KeyHIE® Opt-Out form;

6. I have had an opportunity to have all my questions about this “HIE Opt-Out” and any others answered;

7. Any information that is disclosed before I submit this KeyHIE® Opt-Out cannot be taken back and will remain with my provider who may have accessed such information before this Opt-Out went into effect; and

8. This request can take up to **5 business days** to take effect.

Signature: _____ Date: _____

If Legal Representative, state Authority: _____

Submit by fax to: (609) 441-2111

Mail to: AtlantiCare HIM Operations, 1925 Pacific Ave, Atlantic City, NJ 08401 or

E-mail to: HIMDataIntegrity@atlanticare.org