

ATLANTICARE HIE (Health Information Exchange) 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 HIE**. I understand that by making this selection, **NONE** of my healthcare providers will be able to access my health information maintained on the AtlantiCare HIE, 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 which AtlantiCare participates, even in cases of a medical emergency.
4. I understand that this **AtlantiCare HIE 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 **AtlantiCare HIE Opt-Out** selection will remain in effect unless I change it in writing. I understand that once this **AtlantiCare HIE Opt-Out** goes into effect, I can change my mind **only by** submitting a Cancellation of Prior AtlantiCare 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 AtlantiCare HIE 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**