



# Health Information Exchange Patient Opt-Out Form

This form is to be used by patients who do not wish to participate in the regional Health Information Exchange (HIE)

A Health Information Exchange, or HIE, is a way of sharing your health information among participating doctors' offices, hospitals, care coordinators, labs, radiology centers, and other health care providers through secure, electronic means. The purpose is so that each of your participating healthcare providers can have the benefit of the most recent information available from your other participating providers when taking care of you. When you opt out of participation in the HIE, doctors and nurses will not be able to search for your health information through the HIE to use while treating you. Your physician or other treating providers will still be able to select the HIE as a way to receive your lab results, radiology reports, and other data sent directly to them that they may have previously received by fax, mail, or other electronic communications. Additionally, in accordance with the law, public health reporting, such as the reporting of infectious diseases to public health officials, will still occur through the HIE after you decide to opt out. Controlled and Dangerous Substances (CDS) information, as part of the Maryland Prescription Drug Monitoring Program, will continue to be available through the HIE to licensed providers. If you choose to opt out of research only, your information will be available to your treating providers, but will be excluded from any data sets created for researchers.

This opt-out form only needs to be completed once to opt out of the HIE; it is not necessary to complete for each provider. If you do not live in the District of Columbia or Maryland, but still receive care in the region, you should complete this form to opt out. If you wish to reverse your decision you may opt back in at any time by calling CRISP at 1.877.952.7477. For more information, please visit [www.crisphealth.org](http://www.crisphealth.org), call 1-877-95-CRISP (27477), or email [hie@crisphealth.org](mailto:hie@crisphealth.org).

You have several options for sending this form to CRISP. You can also fill out an on-line form at [www.crisphealth.org](http://www.crisphealth.org) opting out of CRISP for health information exchange:

1. Fax your completed form to 443.817.9587
2. Mail your completed form to CRISP, 7160 Columbia Gateway Drive, Suite 100, Columbia, MD 21046
3. Email your completed form to [hie@crisphealth.org](mailto:hie@crisphealth.org)

### Information for Patient Opt-Out (Please PRINT Clearly)

First Name*	Middle Name	Last Name*
<hr/>		
Address Line 1*		
<hr/>		
Address Line 2		
<hr/>		
City*	State*	Zip Code*
<hr/>		
Primary Phone Number*	Secondary Phone Number	
<hr/>		
Email	Date of Birth*	Sex (M/F/Other)*
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I would like to be notified of my participation choice in the following way (contact information must be included on form):\*

- Email  
  Phone Call  
  Letter  
  Text  
  No Notification

### Select One:

Opt-Out of All Sharing – Opt out of all sharing of your information through health information exchange, including research. Your data will not be available in an emergency or for any of your healthcare providers.

Opt-Out of Research Only – Continue having your information shared through the health information exchange, but prevent CRISP from allowing approved researchers to receive sets of data that include your personal health information.

Reason for Opting Out (optional) \_\_\_\_\_

Signature of Patient or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

If this form is signed by someone other than the person named above, the person signing the form hereby certifies agency as: (Select one)

Parent    Legal Guardian    Other (Specify relationship to patient): \_\_\_\_\_

Contact information for individual completing this form (if other than patient):

Print Name  
\*REQUIRED

Phone Number