



## Cancellation of Health Information Exchange (HIE) Opt-Out Form

### Cancellation of Health Information Exchange (HIE) Opt-Out Form

1. I wish to cancel my previous decision to opt-out of the HIEs in which Magnolia Regional Health Center and Magnolia Regional Health Center owned clinics (MRHC) participates. I understand that by making this decision I am authorizing my health information to be shared by MRHC through these HIEs. I understand that the information shared may include information of a more sensitive nature, including but not limited to: genetic diseases or tests, substance use disorder, mental health conditions, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), sexually transmitted diseases (STDs), and birth control and family planning.
2. I understand that if I change my mind, I may at any time later opt back out of the HIEs in which MRHC participates by completing and submitting a new **Health Information Exchange (HIE) Opt-Out Form** as indicated on the form.

I understand that it may take up to ten business days, from date of receipt, for this request to be implemented.

X _____	
Patient's Signature	
_____	
Print Name	
Date: ____/____/____	Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
OR	
X _____	
Signature of Person authorized to sign for patient	
_____	and _____
Print Name	Relationship to patient
Date: ____/____/____	Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

**Please submit completed form to Health Information Management Department at MRHC, 611 Alcorn Drive, Corinth, MS 38834. Phone: (662)293-1255**

