



Health Information Exchange (HIE) Opt-Out Form

HIE Opt-Out Form

1. I wish 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 my health information will not be shared by MRHC through these HIEs to any HIE participants outside of MRHC involved in my care, even in cases of a medical emergency.
2. I understand that this HIE Opt-Out Form only prohibits MRHC from sharing my health information through the HIEs that MRHC participates in. I understand that my non-MRHC health care providers may also participate in HIEs. If I wish to opt-out of HIEs my non-MRHC providers participate in, I am responsible for contacting each of my non-MRHC health care providers for information on how to opt- out.
3. I understand that this opt-out will remain in effect unless I choose to opt back in. I may opt back in at any time by completing MRHC's **Cancellation of Health Information Exchange (HIE) Opt-Out Form** and submitting as indicated on the form.
4. This opt-out does not apply to any of your health information shared by MRHC through the HIEs before this opt-out takes effect.

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

