

## OPT-OUT FORM

**BETTER ACCESS TO YOUR RECORDS FOR BETTER CARE.** Franciscan St. James Health participates in the MetroChicago Health Information Exchange (HIE) to make patient information available electronically to participating hospitals, doctors and other authorized users. We expect that using the MetroChicago HIE will provide faster and more complete access to your health information so we can make better informed decisions about your care.

Franciscan St. James Health and other participants in the MetroChicago HIE may share your information to the extent permitted under privacy laws to treat you, seek payment for your care, satisfy legal requirements (such as public health reporting) and conduct health care operations including quality evaluations and developing clinical care guidelines. Patient information may be disclosed to, used by and transmitted through MetroChicago HIE and its participants and authorized users to conduct these activities. Unless you opt-out of the MetroChicago HIE, mental health or developmental disability information (such as diagnosis and medications) may be available through the MetroChicago HIE.

**PRIVACY AND SECURITY.** The MetroChicago HIE is structured to comply with federal and state privacy and security laws. Our use of the MetroChicago HIE is limited to authorized users who confirm that they will comply with these laws.

**YOU MAY "OPT-OUT" TO MAKE YOUR INFORMATION UNAVAILABLE THROUGH THE METROCHICAGO HIE.** Your choice to opt-out of the MetroChicago HIE will not affect your ability to receive medical care. If you opt-out, Franciscan St. James Health may share certain information about you with MetroChicago HIE to facilitate your decision to opt-out as permitted under privacy laws. However, MetroChicago HIE will block access to all of your health information through its system, **even for emergency treatment.**

**HOW TO OPT-OUT.** To opt-out, you may complete this form and return it to us. Access to your information will be blocked approximately 24 hours after MetroChicago HIE receives the opt-out notice and will apply to information from all participants and other authorized users. If you reverse your opt-out later, information from the period during which you had opted-out may be available through the MetroChicago HIE.

**If you elect to opt-out,** please sign below to indicate that you understand the following statements and provide the identifying information below:

- I have decided to opt-out, meaning that all of my health information will be unavailable using the MetroChicago HIE, even in an emergency.
- I may later reverse my opt-out decision in order to make my information available through the MetroChicago HIE by completing a MetroChicago HIE Reverse Opt-Out Form available from any MetroChicago HIE participant.
- This form is not effective with respect to any other health information exchange.

First Name	Middle Name	Last Name	Email
Street Address	City	State	Zip Code
Date of Birth (month/day/4 digit year)	Sex	Telephone number(s)	
Signature of patient			
Signature of personal representative of patient (if authorized to opt-out on behalf of patient)			
If personal representative signed, check one of the boxes below to describe the relationship of the personal representative to the patient			
<input type="checkbox"/> Parent of minor patient <input type="checkbox"/> Guardian of patient <input type="checkbox"/> Other, explain: _____			

