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CommonWell Health Information Exchange (HIE) Patient Opt-Out Form

Beebe Healthcare, 424 Savannah Road, Lewes, DE 19958; Beebe Medical Group, 1515 Savannah Road, Lewes, DE 19958.

Please complete and return to:

Beebe Healthcare, HIM Department, 424 Savannah Rd, Lewes DE 19958 or HIM@BeebeHealthcare.org

Opt-Out: Members of Beebe Healthcare may not share any of my health information with the CommonWell HIE.

By completing and signing this form, I certify that I have been notified of the benefits of the CommonWell HIE and of my right to opt out of having my data shared between participating health care providers through the CommonWell HIE. I also understand that opting out of the CommonWell HIE will not affect my ability to access medical care, and my personal health information still may be shared with authorized entities and used in certain circumstances pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and state law.

By typing my name below, I acknowledge that I am the patient and my printed name is valid and enforceable per state and federal law as an electronic signature

Signature of Patient/Parent/Legal Guardian

Date

Print Name

Relationship to Patient

Rescind Opt-Out: I request to terminate my previous decision to opt-out.

By completing and signing this form, I am allowing my health information to be accessible to my health care providers through the CommonWell HIE as permitted or required by HIPAA and state law.

By typing my name below, I acknowledge that I am the patient and my printed name is valid and enforceable per state and federal law as an electronic signature

Signature of Patient/Parent/Legal Guardian

Date

Print Name

Relationship to Patient

Please complete all of the following fields for the patient who is requesting the opt out or the opt out rescission. Incomplete forms will not be processed. This Patient Opt-Out Form request may take up to seven (7) business days to take effect.

Print Patient Full Name

Patient Date of Birth

Patient Address (Street, City, State, Zip Code)

Contact Phone Number



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