



Opt Out of INTEGRIS Health Information Exchange

As part of our commitment to improve the health of the people and communities we serve, INTEGRIS participates in Health Information Exchange (HIE). This form allows you to opt out of this exchange.

WHAT IS A HEALTH INFORMATION EXCHANGE AND HOW DOES IT HELP YOUR HEALTHCARE PROVIDERS?

A health information exchange (HIE) is used to share your health information with authorized physicians, hospitals, and other healthcare providers (“Healthcare Providers”) to facilitate care, avoid duplication of services (such as tests) and reduce the likelihood that medical error will occur. This information is shared through secure, electronic means and allows each provider to have the most recent available information to care for you.

HOW IS MY HEALTH INFORMATION PROTECTED?

INTEGRIS is committed to protecting your privacy. Federal and state guidelines govern how your health information can be exchanged, viewed or used. Only those Healthcare Providers that care for you are authorized to view your health information and only as needed to provide for your care.

HOW TO OPT-OUT.

If you do not want your health information to be included in the health information exchange, you may choose to opt-out. **If you opt-out, Healthcare Providers will not be able to access your health information electronically through an exchange and your Healthcare Providers may have less information about you when making decisions, even in an emergency.** Your Healthcare Provider may still request and receive your health information using methods permitted by law such as fax or mail. Please understand that certain reporting required by law, as noted in our Notice of Privacy Practices, may still happen even if you opt out. This form will opt you out of sharing **INTEGRIS Health** information and, if selected, **INTEGRIS Health providers** will not be able to access your information electronically shared by other Healthcare Providers. To opt out of electronically sharing information maintained by another Healthcare Provider, contact the provider directly.

- I do not want INTEGRIS Health to share my health information through health information exchange with participating providers
- I do not want INTEGRIS Health to receive health information shared by other providers through health information exchange

- I understand that this opt-out only applies to the sharing and/or receiving of health information through the HIE. My Healthcare Providers can still request my medical records and they may be sent via fax or mail.
- I understand that any information that was shared through the HIE previously will remain available to Healthcare Providers who have access.
- This opt-out will be effective approximately 5-7 business days following receipt by INTEGRIS and will remain effective until I choose to opt back in.

Patient’s Last Name	Patient’s First Name	Patient’s Middle Name
Previous Name	Date of Birth	Phone Number
Address	City/State	Zip

Name of Patient or Personal Representative (please print)

Relationship

Signature of Patient or Personal Representative

Date/Time

The completed form may be faxed to **INTEGRIS Health Information Management** at 405-552-8773, mailed to 3366 NW Expressway, Bld D Ste. C20 Oklahoma City, OK 73112, or emailed to Healthinfomanagement@integrisk.com. For questions, call 877-778-7211.

<i>Patient Label</i>
Patient Name:
MRN:
DOB:

