This form is to be used by patients who do not wish to participate in Healtheconnect Alaska's statewide Health Information Exchange (HIE).

OPTING- OUT of the HIE means that all your medical, substance use disorder and behavioral health will NOT be available to any of your treatment providers. If you have previously opted in to share behavioral health data with a provider this HIE opt-out will remove that consent. All substance use disorder and behavioral health information will no longer be available.

A Health Information Exchange, or HIE, is a way of sharing your health information among participating doctors' offices, hospitals, care coordinators, labs, radiology centers, and other health care providers through secure, electronic means. The purpose is so that each of your participating healthcare providers can have the benefit of the most recent information available from your other participating providers when taking care of you. When you opt out of participation in the HIE, doctors and nurses will not be able to search for your health information through the HIE to use while treating you.

Please be advised that opting out does not preclude any participating organization that has received or accessed personal health information via the HIE prior to such opt-out, and incorporated such personal health information into its records, from retaining such information in its records. Additionally, in accordance with the law, Public health reporting, such as the reporting of infectious diseases to public health officials, will still occur through the HIE after you decide to opt out. Alaska Prescription Drug Monitoring Program, will continue to be available through the HIE to licensed providers.

This opt-out form only needs to be completed once to opt out of the HIE; it is not necessary to complete for each provider. If you do not live in Alaska, but still receive care in the region, you should complete this form to Opt-Out. If you wish to reverse your decision you may opt back in at any time by calling 866-948-0882. For more information about opting out or rejoining the HealtheConnect HIE, please email help@healtheconnectak.org or call 866-948-0882.

You have two options for sending this form to Healtheconnect:

1) Fill out this form and mail to 3201 C Street, Suite 302, Anchorage, AK 99503-3963

2) Call 866-948-0882 and ask to opt-out of sharing your data with the Healtheconnect Alaska Health Information Exchange.

Alternately, you may complete the opt-out form online at https://healtheconnectak.org/resources/patient-opt-out/

If you wish to reverse your decision, you may opt back in at any time by calling the help desk at 866-948-0882.

Patient Opt-Out Form

First Name*_____

Middle Name_____

Last Name*_____

Email:_____

Date Of Birth*_____

Primary Phone Number*_____

Secondary Phone Number (*optional*)_____

☐Male ☐Female ☐Other/I Do Not Wish To Disclose

Address Line 1*_____

Address Line 2:_____

City*_____

ZIP Code*_____

☐ **Opt-Out of All Sharing** – Opt out of all sharing of your information through health information exchange. Your data will NOT be available through our network in an emergency or for any of your healthcare providers.

If this form is submitted by someone other than the person named above, the person submitting the form hereby certifies that he/she is acting as (CHECK ONE):

☐Parent ☐ Legal Guardian

Contact Information for Individual Completing This Form If Other Than Patient:

Name:_____

Address:_____

Phone Number:_____

City, Zip: _____

Signature _____ Date _____