



**CANCELLATION OF HEALTH INFORMATION EXCHANGE (HIE) OPT-OUT**

Patient Name (First, Middle, Last) \_\_\_\_\_

Home Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

By signing below, I acknowledge and agree as follows:

1. I wish to cancel my previous decision to opt-out of the HIE in which Aspen Hills Healthcare Center participates. I understand that by making this decision I am authorizing my health information to be shared by Aspen Hills Healthcare Center through this HIE.
2. I understand that the information shared by Aspen Hills Healthcare Center may include information of a more sensitive nature, including but not limited to: genetic diseases or tests, substance use disorder, mental health conditions, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), sexually transmitted diseases (STDs), and birth control and abortion (family planning).
3. I understand that if I change my mind after opting back in, I may at any time later opt back out of the HIE in which Aspen Hills Healthcare Center participates by completing and submitting a new *Health Information Exchange (HIE) Opt-Out Form* as indicated on the form.
4. This cancellation of opt-out request can take up to five (5) business days after receipt by Aspen Hills Healthcare Center to take effect.

\_\_\_\_\_  
Signature of Resident/Patient or Resident'/Patient's Legal Representative (as applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Resident's/Patient's Legal Representative (Print)

\_\_\_\_\_  
Relationship to Resident/Patient or Statement of Authority to act on Resident/Patient's Behalf (e.g., health care representative under healthcare power of attorney/proxy, legal guardian, etc.)

**Please complete and submit this form in person to Aspen Hills Healthcare Center registration staff, or by mail to Aspen Hills Healthcare Center Information Management Department, 600 Pemberton Browns-Mills Rd. Pemberton, NJ 08068**

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**For Facility Use Only:**

Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Initials: \_\_\_\_\_