

**Health Information Exchange (HIE)
Opt-Out**

Michigan Medicine
Revenue Cycle Mid Service (HIM)
Health Information Exchange (HIE) Support Unit
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Federal and State laws allow health care providers to disclose much of your health information, without your written permission, when other hospitals, physicians and health care providers need to treat you. Your outside providers may need to retrieve your medical information electronically from Michigan Medicine. Most medical records shared for continuation of care or transfer of care do not require your written authorization. By law, some information requires your written authorization but certain medical records can be shared (e.g., substance use disorder information).

New technology now allows us to share health information electronically in a secure manner through “Health Information Exchange” (HIE). Current Health Information Exchange methods for sharing are called Care Everywhere® and MiHIN (Michigan Health Information Network) / GLHC (Great Lakes Health Connect), which are available to participating health care providers.

To have your health information excluded from Care Everywhere® and/or MiHIN, you must sign this Opt-Out form.

In the future, if you want to change your Opt Out decision, you must revoke this form by sending a written request of revocation to Michigan Medicine Revenue Cycle Mid Service (HIM) Release of Information.

Patient Name: _____ Maiden/AKA: _____ Date of Birth: _____

Street Address: _____ MRN: _____

City/State/Zip: _____ Telephone: _____

Opt Out – Care Everywhere®: I request to be excluded from Care Everywhere at Michigan Medicine. I understand this means that other health care providers will not be able to obtain my health information through Care Everywhere except to the extent action has already been taken to release information, and they may still obtain it through other methods. I understand that: Michigan Medicine will not base treatment, payment, enrollment, or eligibility for benefits on my declination to participate in Care Everywhere.

Opt Out – MiHIN: I request to be excluded from MiHIN at Michigan Medicine. I understand this means that other health care providers will not be able to obtain my health information through MiHIN except to the extent action has already been taken to release information, and they may still obtain it through other methods. I understand that: Michigan Medicine will not base treatment, payment, enrollment, or eligibility for benefits on my declination to participate in MiHIN.

Signature of Patient or Legally Authorized Representative (if patient is a minor or unable to sign)

_____/_____/_____
DATE (mm/dd/yyyy)

Printed Name of Legally Authorized Representative (if patient is a minor or unable to sign)
Relationship to Patient: Spouse Parent Next-of-Kin Legal Guardian DPOA for Healthcare

70-10269	VER: A/21 HIM: 05/21	Medical Record		HIM ROI Authorization - Revoked
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