

Health Information Exchange (HIE) Opt-Out

Michigan Medicine
Revenue Cycle Mid Service (HIM)
Health Information Exchange (HIE) Support Unit
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Under Federal and State law, health care providers (physicians, hospitals, etc.) can share most of your health information, including your medical records, with other providers so they can care for you. Most medical records can be shared for continuation or transfer of your care without your authorization. However, some laws do require your written authorization before certain medical records (e.g., some substance use disorder records) can be shared among providers.

We are able to securely and electronically share your health information with your providers through Health Information Exchanges ("HIEs"). Michigan Medicine currently participates in the Care Everywhere® & Carequality® and Michigan Health Information Network (MiHIN) HIEs, which are available to participating providers. You can opt out of the HIEs if you do not want providers to access your information through the HIEs. However, your providers will still be able to communicate and share information about you (verbally, in writing, etc.) For example, if you see a specialist, the specialist will communicate with your referring doctor about your care, tests, etc. Under HIPAA, you can request a restriction on the disclosure of your information, but we are not required to and by policy, Michigan Medicine will not agree to a restriction request for patient safety and other reasons.

If you want to opt out of the HIEs, you must sign this Opt Out form. In the future, if you 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/23 HIM: 01/24	Medical Record		HIM ROI Authorization - Revoked
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