



Somers Point, NJ 08244

**NJSHINE HEALTH INFORMATION EXCHANGE (HIE) OPT-OUT**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I hereby acknowledge and agree as follows:

1. I wish to OPT OUT OF THE NJSHINE HIE. I understand that my providers who originally generated information about me will continue to have access to my information, but only in the medical record that they created for me, or by obtaining it via previously established methods;
2. I understand that by making this selection, OTHER health care providers will not be able to access my health information maintained anywhere on the NJSHINE HIE, even in the case of a medical emergency;
3. I UNDERSTAND that this HIE Opt-Out will NOT allow NJSHINE to make my health information available to other connected HIEs with whom NJSHINE participates, even in cases of a medical emergency;
4. I UNDERSTAND that this HIE Opt-Out does NOT cover or effect my opting out of any other HIE. I UNDERSTAND that if I wish to opt-out of another HIE, I am responsible for approaching my provider who participates in another HIE about how I can do that;
5. My HIE Opt-Out selection will remain in effect unless I change it in writing by submitting a Cancellation of Prior NJSHINE HIE Opt-Out form;
6. I UNDERSTAND a cancellation of a prior opt-out will not bring back the opted-out information;
7. I have had an opportunity to have all of my questions about this HIE Opt-Out, and any others answered;
8. Any information that is disclosed before I submit this HIE Opt-Out cannot be taken back and will remain with my provider who may have accessed such information before this Opt-Out went into effect; and
9. This request can take up to two business days to take effect.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If Legal Rep, state Authority: \_\_\_\_\_

Completed and signed Health Information Exchange Opt-Out form can be returned to the SMC Health Information Management Department; faxed to 609-653-3805 or mailed to:

SMC NJSHINE HIE c/o Health Information Management Services (HIMS)  
100 Medical Center Way  
Somers Point, NJ 08244