



Somers Point, NJ 08244

PATIENT ID/LABEL HERE:

**NJSHINE HEALTH INFORMATION EXCHANGE (HIE)
REVOCATION OF PRIOR 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 cancel my prior decision to Opt-Out of the NJSHINE HIE and I now specifically authorize my information maintained in the NJSHINE HIE to be electronically available to my providers;
2. I UNDERSTAND that by making this selection, ALL of my authorized providers who participate in the NJSHINE HIE or are connected to the NJSHINE HIE will now have access to my health information maintained in the NJSHINE HIE;
3. I UNDERSTAND that by making this selection, my health information may be accessible by other HIEs with whom the NJSHINE HIE participate;
4. I UNDERSTAND that this cancellation can only be changed if I specifically submit a new NJSHINE HIE Opt-Out form;
5. I have had an opportunity to have all my questions regarding this cancellation or prior NJSHINE Opt-Out and others answered; and
6. This request can take 2 business days to take effect.

Signature: _____

Date: _____

If Legal Rep, state Authority: _____

Completed and signed Health Information Exchange Health Information Exchange Revocation of Prior Opt 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