



Georgia Region

# HEALTH INFORMATION EXCHANGE OPT OUT REQUEST FORM

Original: 07/26/2013 Revised: 4/30/2020

MR #: \_\_\_\_\_

Name: \_\_\_\_\_

Sex/.BD: \_\_\_\_\_

Health Information Exchange ("HIE") is the electronic sharing of health information between Kaiser Permanente Georgia (KPGA) and participating health care organizations, including other KP regions and unrelated third-party providers. KPGA operates an HIE Network among Kaiser Permanente regions and participates in several HIE networks with other health care providers outside of KPGA. Most important, HIE enables KPGA to swiftly share your medical information with other KP regions and other participants for purposes of treatment. HIE also permits KPGA to provide your medical information to public health authorities and other government agencies as required by law, and to health plans and other KP regions and participants for additional purposes subject to your approval. Opting out could deprive emergency physicians and other providers who are unfamiliar with your medical history of vital, possibly life-saving information which they could otherwise obtain through HIE.

HIE participants like KPGA are required to meet rules that protect the privacy and security of your health and personal information. If you do not want KPGA to share your health information through an HIE network, please complete this form and send to the address or email listed below. By completing this form, you request and understand that:

- KPGA will not send your health information electronically through an HIE to any other KP regions or outside organizations, except that public health reporting through an HIE, in accordance with laws such as the reporting of infectious diseases, will not be affected by this opt-out.
- You cannot choose to participate in one KPGA HIE network and not another, or request that one type of health information be exchanged and not another.
- When you see a physician for treatment outside of KPGA, that physician may request and receive your medical information from KPGA through other methods, such as secure email or mail.
- This Opt-Out does not prevent other healthcare organizations and/or other Kaiser Permanente regions from sending your health information from their organizations electronically through an HIE, including sending it to KPGA.
- If you do not want your health information sent through an HIE from those organizations, you must opt out individually with each organization and/or Kaiser Permanente region.

A request to opt out of an HIE will be effective approximately five (5) business days after receipt by KPGA and will not apply to any information sent through the HIE or exchanged with other participants in an HIE network before that date. You are free to opt back in at any time by completing an Opt-In Request Form that can be obtained from Member Services or downloaded from kp.org.

A separate form must be completed by each family member wishing to Opt-Out. Please complete all of the below required fields for accurate processing.

Patient Name <i>(print)</i>	Health Record #	Date of Birth	Mailing Address	Telephone #

**X Signature (Required)** \_\_\_\_\_ **Date** \_\_\_\_ | \_\_\_\_ | \_\_\_\_

If signed by someone other than the patient, please print name below and indicate relationship. Submit documents to show authority.

\_\_\_\_\_  
Print Authorized Representative's Name

\_\_\_\_\_  
Relationship to patient

**Once this form is complete, please mail to:**

Medical Records Administration/400 Dekalb Tech Parkway/Bldg. 200, Ste. 200/Atlanta, GA 30340  
Fax 770-220-3705/Email Release-of-Information@kp.org

**For Kaiser Use Only:**

1. Print Staff Name: \_\_\_\_\_

2. Dept: \_\_\_\_\_ Ph#: \_\_\_\_\_

3. Date Received: \_\_\_\_ | \_\_\_\_ | \_\_\_\_