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CommonWell Health Information Exchange (HIE) Patient Opt-Out Form

Children's Hospital of The King's Daughters, Incorporated; Children's Medical Group, Inc.; Children's Medical Group of North Carolina, Inc.; Children's Surgical Specialty Group, Inc.; and Children's Specialty Group, PLLC (together, these legally separate covered entities have formed an Organized Health Care Arrangement ("OHCA")) 601 Children's Lane, Norfolk, VA 23507-1910

Please complete and return to:
CHKDHS Privacy Officer, 601 Children's Lane, Norfolk, VA 23507-1910, or Privacy@chkd.org

☐ **Opt-Out: Members of the OHCA may not share any of my health information with the CommonWell HIE.**

By completing and signing this form, I certify that I have been notified of the benefits of the CommonWell HIE and of my right to opt out of having my data shared between participating health care providers through the CommonWell HIE. I also understand that opting out of the CommonWell HIE will not affect my ability to access medical care, and my personal health information still may be shared with authorized entities and used in certain circumstances pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and state law.

_____ _____
Signature of Patient/Parent/Legal Guardian Date

_____
Print Name

_____
Relationship to Patient

☐ **Rescind Opt-Out: I request to terminate my previous decision to opt-out.**

By completing and signing this form, I am allowing my health information to be accessible to my health care providers through the CommonWell HIE as permitted or required by HIPAA and state law.

_____ _____
Signature of Patient/Parent/Legal Guardian Date

_____
Print Name

_____
Relationship to Patient

Please complete all of the following fields for the patient who is requesting the opt-out or the opt-out rescission. Incomplete forms will not be processed. This Patient Opt-Out Form request may take up to seven (7) business days to take effect.

_____ _____
Print Patient Full Name Patient Date of Birth

_____
Patient Address (Street, City, State, Zip Code)

_____
Contact Phone Number